01/28/2010 11:50

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE 401 N. Lindbergh Blvd ADDRESS (number and street) Check if different than previously St. Louis МО 63141 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00293910 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. James R. Bowlin Type or Print Name of Treasurer Electronically Filed by James R. Bowlin 0 1 28 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004)

FE6AN026

Only

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 251

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

F	Report Covering the Period: From:	0 1 Y Y Y Y Y Y Y	To: 12 31 2009
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		132015.74
	(b) Cash on Hand at Begining of Reporting Period	76675.74	
	(c) Total Receipts (from Line 19)	214436.50	234096.50
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	291112.24	366112.24
7.	Total Disbursements (from Line 31)	50500.00	125500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	240612.24	240612.24
9.	Debts and Obligations owed TO the committee (Itemize all on		
	Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	X This Committee has qualified as a multicandida	ate committee. (see FEC FORM 1M)	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 251

2009

Write or Type Committee Name

AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

М М 0 7

0 1

м м 1 2 ^D 3 1

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	195363.50	211538.50
	(ii) Unitemized	19073.00	21558.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	214436.50	233096.50
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	214436.50	233096.50
	Fransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
to	o Federal candidates and Other Political Committees	0.00	1000.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	Fransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	214436.50	234096.50
	otal Federal Receipts subtract Line 18(c) from Line 19)	214436.50	234096.50

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0.00	0.00
	Expenditures(c) Total Operating Expenditures		0.00
	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	50500.00	125500.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other		
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
	_		
υ.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
	(from Schedule H6)	2.22	• • •
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds(c) Total Federal Election Activity (add		
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50500.00	125500.00
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	50500.00	125500.00

DETAILED SUMMARY PAGE

of Disbursements

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	214436.50	233096.50
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	214436.50	233096.50
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

Any infor	DULE A (FEC Form 3X) ZED RECEIPTS mation copied from such Reports and Sta	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for cor	mmercial purposes, other than using the r E OF COMMITTEE (In Full) RICAN ASSOCIATION OF ORTHO	name and ad	dress of any political committee to	solicit contributions from such committee.
A. <u>Dr. Do</u>	lame (Last, First, Middle Initial) ouglas A. Jolstad g Address 20770 Linwood Rd			Date of Receipt
City		State	Zip Code	07 01 2009 Transaction ID: 5268791
	<u>ohaven</u>	MN	55331	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Self-E	of Employer Employed	Occupation Orthodox		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
B. Dr. To	lame (Last, First, Middle Initial) ommy Neil Whited g Address 11281 Country Forest C	Cove		Date of Receipt
City		State	Zip Code	07 01 2009 Transaction ID: 5268792
•	erville	TN	38017	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Self-E	of Employer Employed	Occupation		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) wrence A. Johnson			Date of Receipt
Mailin	g Address 1950 Cliffview Ct			07 01 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 5268793
<u>Oshl</u>		WI	54901	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Self-E	e of Employer Employed	Occupation Orthodol		
	pt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTO	TAL of Receipts This Page (optional)			750.00

,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7 / 251
	•		for each category of the Detailed Summary Page	(check only one)
	TEMIZED RECEIPTS			X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Γ	Any information copied from such Reports and Sta	atements ma	y not be sold or used by any perso	
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
<u> </u>	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S DOLITICAL ACTION COM	
	/ AMENICAN ASSOCIATION OF CITTIN	ODOMINI	31 OLITICAL ACTION CON	
Z	Full Name (Last, First, Middle Initial)			
Α.	Dr. James L. Vaden	Date of Receipt		
	Mailing Address 353 Buck Lake Rd	M M / D D / Y Y Y Y		
	ood Back Lake Ha			07 01 2009
	City	State	Zip Code	Transaction ID: 5268795
	Cookville	TN	38506	Amount of Each Receipt this Period
			55555	Amount of Each receipt this reflect
	FEC ID number of contributing	C		250.00
	federal political committee.	9		
	Name of Employer Self-Employed	Occupatio	n	
	Self-Employed 1	Orthodor		
	Receipt For:	Angregate	e Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate 1	1
	Other (specify)		250.00	
	Carlor (oposity) 🔻			1
-	Full Name (Last, First, Middle Initial)			
В.	Dr. Steven L. Hechler			Date of Receipt
٥.	Mailing Address 11533 Canterbury Cir	M M / D D / Y Y Y Y		
	maining reactors 17555 Cartierbury Off	07 01 2009		
	City	State	Zip Code	Transaction ID: 5268796
	Leawood	KS	66211	Amount of Each Receipt this Period
		1.0	OCETT	Amount of Lacif Receipt this Feriod
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Self-Employed	Occupatio	n	
	Self-Employed *	Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate 1	1
	Other (specify) ▼		250.00	
		0 0	0 0 0 0 0 0 0	
-	Full Name (Last, First, Middle Initial)			
C.	Dr. Andrew P. Trapani			Date of Receipt
-	Mailing Address 10N979 York Lane			M M / D D / Y Y Y Y
	5 TONOTO TOIN LAILE			07 01 2009
	City	State	Zip Code	Transaction ID: 5268798
	Elgin	IL	60124	Amount of Each Receipt this Period
		.=	55.2	7 thouse of Each Freedipt this Fored
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer	Occupatio	n	
	Self-Employed	Orthodor	ntist	
	Receipt For:	Agareaate	e Year-to-Date ▼	
	Primary General	33 -3-11		1
	Other (specify) ▼		250.00	
				1
Γ				
	SUBTOTAL of Receipts This Page (optional)			750.00
	SUBTUTAL OF necelpts This Page (optional)	·····	······································	

	00UEDIU E 4 /220 E			EOD LINE NUMBED: DAGE 0 / 051	
,	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 251	
	TEMIZED RECEIPTS		for each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b 11c 12	
			_ common common y rage	13 14 15 16 17	
	Any information copied from such Reports and St	atements ma	y not be sold or used by any perso	on for the purpose of soliciting contributions	
_	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	ODONTICI		MAITTEE	
	AMERICAN ASSOCIATION OF ORTH	ODOMISI	13 POLITICAL ACTION CON	1111111111111	
Α.	Full Name (Last, First, Middle Initial) Dr. Steven H. Tinsworth			Date of Receipt	
	Mailing Address 704 51st St NW	07 01 2009			
	City	State	Zip Code	Transaction ID: 5268799	
	<u>Bradenton</u>	FL	34209-1932	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation		7	
		Orthodo			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		750.00		
	Uniter (specify)	0 0		1	
В.	Full Name (Last, First, Middle Initial) Dr. Lavonne K. Fore			Date of Receipt	
υ.	Mailing Address 18 Bridgeview Dr SE	M M / D D / Y Y Y Y			
			07 01 2009		
	City	State	Zip Code	Transaction ID: 5268800	
	Rome	GA	30161-8471	Amount of Each Receipt this Period	
	FEC ID number of contributing	<u> </u>		250.00	
	federal political committee.	C		230.00	
	Name of Employer Self-Employed	Occupation			
		Orthodo			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0		1	
_	Full Name (Last, First, Middle Initial)			Data of Bossist	
C.	Dr. Thomas Michael Skafidas Mailing Address 5051 Oak Tree Ln			Date of Receipt	
	Maining Address 5051 Oak Tiee Lii			07 01 2009	
	City	State	Zip Code	Transaction ID: 5268801	
	Stone Mountain	GA	30087	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self-Employed	Occupation			
	Receipt For:	Aggregate	e Year-to-Date ▼	7	
	Primary General		250.00	1	
	Other (specify) ▼		250.00		
Γ					
	SUBTOTAL of Receipts This Page (optional)			750.00	
- 1					

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 251 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	PRTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. John H. Ferguson		Date of Receipt
Mailing Address 163 P A Johns Rd PO Box 850	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 5268803
Milledgeville	GA 31061-0850	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ronald G. Heiber	Date of Receipt	
Mailing Address 1362 Hemlock Ct	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	Transaction ID: 5268804	
Lancaster	OH 43130-1177	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		Date of Receipt
Dr. Sharon K. Hayes Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5268805 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	nal)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 251 (check only one) X 11a 11b 11c 12		
Any information copied from such Reports and S		13 14 15 16 17		
or for commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	HODONTISTS POLITICAL ACTION CO) MMITTEE		
Full Name (Last, First, Middle Initial) A. Dr. John L. Hayes		Date of Receipt		
Mailing Address	Mailing Address			
City	State Zip Code	Transaction ID: 5268806 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) B. Dr. Amy D. Rockhill				
Mailing Address 2310 Maiden Ln SW	Mailing Address 2310 Maiden Ln SW			
City	State Zip Code	Transaction ID: 5268807		
Roanoke	VA 24015	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Dr. Dennis D. Sommers		Date of Receipt		
Mailing Address 1418 Cook Dr		07 01 2009		
City Minot	State Zip Code ND 58701	Transaction ID: 5268808 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional) .		750.00		

		_		
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 251 (check only one) X 11a 11b 11c 12		
Any information copied from such Reports and S	Statements may not be sold or used by any pe	rson for the purpose of soliciting contributions		
or for commercial purposes, other than using the	name and address of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTISTS POLITICAL ACTION CO	OMMITTEE		
Full Name (Last, First, Middle Initial) A. Dr. W. Jim Moore, Jr.		Date of Receipt		
Mailing Address		07 01 7 2009		
City	State Zip Code	Transaction ID: 5268809 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) B. Dr. Gary Dean Mundy				
Mailing Address 900 Singing Hills Dr	Mailing Address 900 Singing Hills Dr			
City	State Zip Code	Transaction ID: 5268810		
El Paso	TX 79912-3404	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
Full Name (Last, First, Middle Initial) Dr. Michael J. Wagner		Date of Receipt		
Mailing Address 15019 - 166th PI NE		07 01 2009		
City	State Zip Code	Transaction ID: 5269042		
Woodinville FEC ID number of contributing federal political committee.	WA 98072	Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00		

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 251 (check only one) X
or for comm	tion copied from such Reports and lercial purposes, other than using the OF COMMITTEE (In Full) CAN ASSOCIATION OF ORT	ne name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nam Dr. David	ne (Last, First, Middle Initial) I Jay Birdwell Address 15001 Wilson Rd	Date of Receipt		
City Edmon	d	State OK	Zip Code 73013	Transaction ID: 5269043 Amount of Each Receipt this Period
	number of contributing olitical committee.	C		250.00
Receipt Pri		Occupatio Orthodor Aggregate		
Full Nam Dr. Lee V	Full Name (Last, First, Middle Initial) Dr. Lee W. Graber Mailing Address 21350 W Lakeview Pkwy			Date of Receipt 0 7 0 2 2 0 0 9
City		Transaction ID: 5271394		
Munde	ein	IL	Zip Code 60060-9603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00	
Name of Self-Em	Employer ployed	Occupatio Orthodor		
	For: mary General her (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Dr. Brad	Full Name (Last, First, Middle Initial) Dr. Brad A. Risinger Mailing Address 240 Spring Wood Ln			Date of Receipt 0 7 0 2 2 0 0 9
City		State	Zip Code	Transaction ID: 5271395
	number of contributing	C	78028	Amount of Each Receipt this Period 250.00
	olitical committee. Employer ployed	Occupatio Orthodor		
	For: mary General her (specify) ▼	- ' '	e Year-to-Date ▼ 250.00	
SURTOTA	L of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FOITTEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 251 (check only one) X	
Any information copied from such F or for commercial purposes, other t NAME OF COMMITTEE (In Fu AMERICAN ASSOCIATION)		on for the purpose of soliciting contributions o solicit contributions from such committee.	
Full Name (Last, First, Middle In Dr. Deborah Ferrer Mailing Address 3910 Bayvi		Zip Code	Date of Receipt M M M	
Fort Lauderdale FEC ID number of contributing federal political committee.	FL C	33308	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Yea	ur-to-Date ▼ 250.00		
Dr. Lori Anderson Aiosa				
City Orange Park	State FL	Zip Code 32003	Transaction ID: 5271397 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation		250.00	
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Yea	ur-to-Date ▼ 250.00		
Dr. David A. Romeo				
City Norwalk	State CT	Zip Code 06851	0 7 0 2 2 0 0 9 Transaction ID: 5271398	
FEC ID number of contributing federal political committee.	C	00031	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ur-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Pag	e (optional)		750.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 251 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR		• •	
Full Name (Last, First, Middle Initial) Dr. Ilya Lipkin			Date of Receipt
Mailing Address 47 Holland Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5271399
<u>Demarest</u>	NJ	07627-2608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David E. Pair			Date of Receipt
Mailing Address 19630 Horace St			07 02 7 2009
City	State	Zip Code	Transaction ID: 5271400
Chatsworth	CA	91311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Cassy B. Wiggins			Date of Receipt
Mailing Address 17446 E Pondlilly Di	r		07 02 YYYY 2009
City	State	Zip Code	Transaction ID: 5271401
<u>Parker</u>	CO	80134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC	rs ·	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, oth NAME OF COMMITTEE (In	her than using the name and ad n Full)	y not be sold or used by any pers dress of any political committee to S POLITICAL ACTION COL	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Midd Dr. C. William Groesch Mailing Address 6 Island	,		Date of Receipt
Mailing Address 6 Island	з вау		07 02 2009
City	State	Zip Code	Transaction ID: 5271403
Springfield FEC ID number of contribut federal political committee.	ing C	62707	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodol		
Receipt For: Primary Gen Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Dr. William J. Kottemann	lle Initial)		Date of Receipt
Mailing Address 835 Par			07 02 7 2009
City Orono	State MN	Zip Code 55356-9730	Transaction ID: 5271404
FEC ID number of contribut federal political committee.		3330-9730	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodo		
Receipt For: Primary Gen Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Dr. Thomas G. DiMassa	lle Initial)		Date of Receipt
Mailing Address 24672 \	Wildwood Dr		07 02 YYYY 2009
City Westlake	State OH	Zip Code 44145	Transaction ID: 5271406 Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ting C		250.00
Name of Employer Self-Employed	Occupatio Orthodo		
Receipt For: Primary Gen Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	y of the
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	g the name and address of any politica	by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joe Michael Richards Mailing Address 1611 Lake Wildern	ess Ln	Date of Receipt 0 7 0 2 7 2 0 0 9
City Kingwood FEC ID number of contributing	State Zip Code TX 77345	Transaction ID: 5271408 Amount of Each Receipt this Period 250.00
Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Dr. T. Barrett Trotter Mailing Address 13 Bristlecone Wa	y	Date of Receipt 0 7 0 2 2 0 0 9
City	State Zip Code	Transaction ID: 5271410
Augusta FEC ID number of contributing federal political committee.	GA 30909	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodontist Aggregate Year-to-Date	250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert K. Cavanaugh		Date of Receipt
Mailing Address 2308 Throughwood		07 02 7 2009
City <u>Valparaiso</u>	State Zip Code IN 46385	Transaction ID: 5271411 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 251 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial) Dr. Frank K. Yorita Mailing Address 6662 Doral Dr			Date of Receipt
Mailing Address 6662 Doral Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 5271412
Huntington Beach	CA	92648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Brian R. Jesperson	<u> </u>		Date of Receipt
Mailing Address 2611 Domino Dr			07 02 2009
City	State	Zip Code	Transaction ID: 5271413
Bismarck	ND	58501	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Hilton Goldreich	<u> </u>		Date of Receipt
Mailing Address 2204 Bradbury Ct			07 02 YYYY 2009
City	State	Zip Code	Transaction ID: 5271414
Plano	TX	75093	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Rep or for commercial purposes, other than	oorts and Statements may not be sold or used by any per n using the name and address of any political committee	rson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION C	DF ORTHODONTISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initia Dr. Randy Wright	I)	Date of Receipt
Mailing Address 1460 Keim Ci	r	$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y \\ 0.7 & & 0.2 & & 2.00.9 \end{bmatrix}$
City	State Zip Code	Transaction ID: 5271416
Geneva	IL 60134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Joseph T. Mellion	J)	Date of Receipt
Mailing Address 2820 Round F	Hill Dr	07 02 2009
City	State Zip Code	Transaction ID: 5271417
Akron	OH 44333	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Harold J. Koppel	J)	Date of Receipt
Mailing Address 110 Jeff Dr		07 02 YYYYY 2009
City	State Zip Code	Transaction ID: 5271420
Hot Springs	AR 71901-7253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1			
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoing the name and address of any political committee to				
	ORTHODONTISTS FOLITICAL ACTION COM				
Full Name (Last, First, Middle Initial) Dr. Wayne Wyatt					
Mailing Address 24115 S Meadow					
City	State Zip Code	0 7 0 2 2 0 0 9 Transaction ID: 5271421			
Claremore	OK 74019	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Kimberly Lutz Gragg	I	Date of Receipt			
Mailing Address 301 Riverside Dr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: 5271422			
Morganton	NC 28655	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. David R. Hunter		Date of Receipt			
Mailing Address 19801 N 69th Av	е	07 02 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Clandala	State Zip Code	Transaction ID: 5271424			
Glendale	AZ 85308	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optic	onal)	750.00			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 251 (check only one) X	
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	the name and add	dress of any political committee to	solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. Valmy Pangrazio- Kulbersh Mailing Address 1417 Cedar Bend [Or		Date of Receipt 0 7 0 2 2 0 0 9	
City	State	Zip Code	Transaction ID: 5271425	
Bloomfield Hills FEC ID number of contributing federal political committee.	C	48302	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodor			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Austin W. Feeney Mailing Address 87 Perkins Rd			Date of Receipt 0 7 0 2 2 0 0 9	
City	State	Zip Code	Transaction ID: 5271428	
<u>Greenwich</u>	CT	06830	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		250.00	
Name of Employer Self-Employed	Occupation Orthodor			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. H. Eldon Attaway	I		Date of Receipt	
Mailing Address 2909 Pacific Ct			07 02 YYYY 07 02 2009	
City	State	Zip Code	Transaction ID: 5271429	
Irving FEC ID number of contributing federal political committee.	C	75062-4690	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodor			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional			750.00	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Stacy Ste Marie	THIOSON HOTO I GETTIONE MOTION GOM	Date of Receipt
Mailing Address 30 Oakthorn Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5271431
Youngsville	LA 70592	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard Furman Hewitt	I	Date of Receipt
Mailing Address 515 Huntington Ro	d	07 02 YYYY 2009
City	State Zip Code	Transaction ID: 5271433
Greenville	SC 29615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Karl F. Muster		Date of Receipt
Mailing Address 809 Ayrshire Dr		07 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Champaign</u>	State Zip Code IL 61820	Transaction ID: 5271435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 251 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any pers g the name and address of any political committee t	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael L. Conlon Mailing Address 29920 Tanya Trail City Libertyville FEC ID number of contributing	State Zip Code IL 60048	Date of Receipt M M M
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	230.00
Full Name (Last, First, Middle Initial) Dr. Michael J. Rovner Mailing Address 812 38th Street		Date of Receipt 0 7 0 2 2 0 0 9
City	State Zip Code	Transaction ID: 5271437
West Des Moines	IA 50265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Larson R. Keso	,	Date of Receipt
Mailing Address 3001 Ridgewood D		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 5271438
Edmond FEC ID number of contributing federal political committee.	OK 73013	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persithe name and address of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. R. Steven Powell		Date of Receipt
Mailing Address 5466 Kiokee Spring City	State Zip Code	0 7 0 2 2 0 0 9 Transaction ID: 5271439
Evans	GA 30809	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Warren T. Johnson, Jr. Mailing Address 2211 Shannon Dr		Date of Receipt
		07 02 2009
City	State Zip Code	Transaction ID: 5271441
Murfreesboro FEC ID number of contributing federal political committee.	TN 37129	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory S. Garn		Date of Receipt
Mailing Address 2511 E Desert Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5271442
Gilbert FEC ID number of contributing federal political committee.	AZ 85234	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	750.00
TOTAL This Period (last page this line num	per only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial) Dr. Brian Ward	- IODONTIST	3 FOLITICAL ACTION CON	Date of Receipt
	Mailing Address 2534 Joshua Way			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Twin Falls	State ID	Zip Code 83301	Transaction ID: 5271443 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. D. Steve Norris			Date of Receipt
	Mailing Address 3010 River Oaks Dr			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City State Monroe LA FEC ID number of contributing federal political committee.		Zip Code	Transaction ID: 5271444
			71201	Amount of Each Receipt this Period
				250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00]
	Full Name (Last, First, Middle Initial) Dr. Mark P. Hablinski			Date of Receipt
	Mailing Address 2918 Pittsburg			07 02 2009
	City	State	Zip Code	Transaction ID: 5271446
	<u>Houston</u>	TX	77005-1339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional)	-		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 251 (check only one) X 11a		
Any information copied from such Reports and or for commercial purposes, other than using the	ny information copied from such Reports and Statements may not be sold or used by any person for commercial purposes, other than using the name and address of any political committee to s				
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT					
Full Name (Last, First, Middle Initial) Dr. Dennis Joseph Flanagan			Date of Receipt		
Mailing Address 2376 Malmaison Rd					
City Belvidere	State IL	Zip Code 61008	Transaction ID: 5271448 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	01000	250.00		
Name of Employer Self-Employed	Occupatio Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Steven Jay Bowman			Date of Receipt		
Mailing Address 9696 W KL Ave			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 5271449		
<u>Kalamazoo</u>	MI	49009	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupatio Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. James Richard Karpac			Date of Receipt		
Mailing Address 5816 Leven Links			07 02 2009		
City Dublin	State OH	Zip Code 43017	Transaction ID: 5271451 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupatio Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)			750.00		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC FITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In F	-ull)	ay not be sold or used by any persoddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Middle Dr. S. Grayson Eddy, Jr. Mailing Address 5148 Buc City Knoxville		Zip Code 37919	Date of Receipt 0 7 0 2 2 0 0 9 Transaction ID: 5271452 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed Receipt For: Primary Gener Other (specify) ▼			
Full Name (Last, First, Middle Dr. Jason Warren Pair Mailing Address	Initial)		Date of Receipt 0 7 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: 5271454 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Occupat	ion	250.00
Name of Employer Self-Employed Receipt For: Primary Gener Other (specify) ▼	Orthodo Aggrega		
Full Name (Last, First, Middle Dr. Michiel J. Nuveen Mailing Address 5691 Ada			Date of Receipt 0 7 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: 5271455
Grand Forks FEC ID number of contributing federal political committee.	ND C	58201	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupat Orthodo		
Receipt For: Primary Gener Other (specify) ▼		te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Pa	age (optional)		750.00

I	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 27 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A.	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) D. Spencer Pope		· · · · · · · · · · · · · · · · · · ·	
	Mailing Address 1115 Green Glen Ct. City New Lenox	State IL	Zip Code 60451	Transaction ID: 5271456 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Paula L. Harre Mailing Address 9220 Thornwood Dr			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lincoln FEC ID number of contributing federal political committee.	State NE	Zip Code 68512	Transaction ID: 5271457 Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
С.	Full Name (Last, First, Middle Initial) Dr. Perry M. Opin Mailing Address 520 Sportsmans Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City Orange	State CT	Zip Code 06477-2329	Transaction ID: 5271458 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C	n	250.00
	Self-Employed Receipt For: Primary General Other (specify) ▼	Orthodor		
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	the name and addre	ess of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James M. Crouse Mailing Address 22786 Nanticoke Ro		7:n Code	Date of Receipt 0 7 0 2 2 0 0 9
City Quantico FEC ID number of contributing federal political committee.	State MD	Zip Code 21856	Transaction ID: 5271459 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodonti Aggregate Y	st ′ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric R. Overby Mailing Address 1000 8th Ave NW			Date of Receipt 0 7 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: 5271460
Austin FEC ID number of contributing federal political committee.	C	55912	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodonti Aggregate Y	st ∕ear-to-Date ▼ 250.00	1
Full Name (Last, First, Middle Initial) Dr. Mark E. Hixson Mailing Address 3501 Catalano Dr		0 0 0 0 0 0	Date of Receipt
			07 02 2009
City Raleigh	State NC	Zip Code 27612	Transaction ID: 5271462 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodonti		
Receipt For: Primary General Other (specify) ▼	Aggregate Y	rear-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	\		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	n for the purpose of soliciting contributions
AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. Bonnie Daniels Wheatley		Date of Receipt
Mailing Address 608 Gilbert Ct		07 02 7 2009
City Winchester	State Zip Code KY 40391	Transaction ID: 5271463
FEC ID number of contributing federal political committee.	C 40391	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul W. Reed		Date of Receipt
Mailing Address 929 Michigan St		07 02 7 2009
City Petoskey	State Zip Code MI 49770	Transaction ID: 5271464 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David Wayne Engen		Date of Receipt
Mailing Address 18020 N Addison Ci	t	07 02 7 2009
Calbort	State Zip Code WA 99005	Transaction ID: 5271466
Colbert FEC ID number of contributing federal political committee.	WA 99005	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line numb	per only)	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for eac	eparate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 30 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	the name and address of an	ny political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Dorothy E. Whalen Mailing Address 777 Remsen's Ln			Date of Receipt 0 7 0 2 7 2 0 0 9
City Oyster Bay FEC ID number of contributing	State Zip C NY 1177		Transaction ID: 5271468 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-D	250.00	
Full Name (Last, First, Middle Initial) Dr. Albert Phillip Cavallari Mailing Address 387 High St	0 0 0 0	0 0 0 0	Date of Receipt 0 7 0 2 7 2 0 0 9
City Lockport FEC ID number of contributing	State Zip C NY 1409		Transaction ID: 5271470 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-D	Pate ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John Charles Pritchett Mailing Address 11980 Bluestone Dr			Date of Receipt
City Indianapolis FEC ID number of contributing federal political committee.	State Zip C IN 4623		Transaction ID: 5271474 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-D	eate ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 251 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. William A. Mehan Mailing Address 344 Webster St			Date of Receipt
City Manchester	State NH	Zip Code 03104	Transaction ID: 5271477 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
Full Name (Last, First, Middle Initial) Dr. Gregory J. Jorgensen Mailing Address 6420 Pojoaque NW			Date of Receipt 0 7 0 2 2 0 0 9
City	State	Zip Code	Transaction ID: 5271478
Albuquerque	NM	87120	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward F. Ross, Jr.	-		Date of Receipt
Mailing Address 16 Hampton Hills L	n		07 02 2009
City	State	Zip Code	Transaction ID: 5271479
Richmond FEC ID number of contributing federal political committee.	C	23226	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	J)		750.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 251 (check only one) X 11a
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION CO	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Thomas G. Leonard Mailing Address 20 Algonquin Ave		Date of Receipt
Walling Address 20 Algoriquiti Ave		07 02 2009
City	State Zip Code	Transaction ID: 5271480
Andover FEC ID number of contributing federal political committee.	MA 01810-5502	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John M. Pobanz		Date of Receipt
Mailing Address 5619 Silver Leaf	Circle	07 02 7 2009
City	State Zip Code	Transaction ID: 5271482
Mountain Green FEC ID number of contributing federal political committee.	UT 84405	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Norman J. Pokley		Date of Receipt
Mailing Address 57380 Mt Vernon	1	07 02 7 2009
City	State Zip Code	Transaction ID: 5271484
Washington FEC ID number of contributing	MI 48094	Amount of Each Receipt this Period
federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	onal)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 251 (check only one) X
Ar	ny information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	e name and ado	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Z	Full Name (Last, First, Middle Initial) Dr. Robert W. Fry Mailing Address 12340 Pflumm Rd City	State	Zip Code	Date of Receipt 0 7 0 2 2 0 0 9 Transaction ID: 5271487
	Olathe FEC ID number of contributing federal political committee.	KS C	66062	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
	Full Name (Last, First, Middle Initial) Dr. John E. Murphy Mailing Address 870 Colcord Place			Date of Receipt 0 7 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 5271488
	Glen Ellyn	IL	60137-4622	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Kathryn Lynn Bielik Mailing Address 1614 N Leavitt St			Date of Receipt 0 7 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 5271489
	Chicago FEC ID number of contributing federal political committee.	C	60647	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
<u> </u>	UBTOTAL of Receipts This Page (optional) .			750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 251 (check only one) X 11a
or f	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTH	HODONTISTS	S POLITICAL ACTION CON	MMITTEE
۱.	Full Name (Last, First, Middle Initial) Dr. Corey J. Teguis			Date of Receipt
	Mailing Address 3 Orchard Ln			07 02 7 2009
	City	State	Zip Code	Transaction ID: 5271490
	Kennebunk FEC ID number of contributing federal political committee.	C	04043	Amount of Each Receipt this Period 250.00
•	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Richard U. Mattson			Date of Receipt
	Mailing Address 3001 Castle Garden V	Vay		07 02 7 2009
	City	State	Zip Code	Transaction ID: 5271491
•	Olney	MD	20832	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. Lili K. Horton			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5271498 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
•	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SL	JBTOTAL of Receipts This Page (optional)	1		1500.00

SC	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 251
JT			for each category of the	(check only one)
	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may no	ot be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and addres	ss of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	ODONTISTS F	POLITICAL ACTION COM	MITTEE
/ А.	Full Name (Last, First, Middle Initial) Dr. Stephanie Smith Crise			Date of Receipt
	Mailing Address 601 Broad Leaf Ln			07 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5271501
	McKinney	TX	75070	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
		Orthodontis		_
	Receipt For:	Aggregate Ye	ar-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Other (specify)	1 1	0 0 0 0 0 0	
 3.	Full Name (Last, First, Middle Initial) Dr. Michael G. Durbin			Date of Receipt
	Mailing Address 408 Cherry Creek Ln			M M / D D / Y Y Y Y
				07 06 2009
	City	State	Zip Code	Transaction ID: 5271502
	Prospect Heights	<u> </u>	60070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation		7
	· · ·	Orthodontis	t	
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼			
, —	Full Name (Last, First, Middle Initial)			Date of December
С.	Dr. Nadine J. Egger Mailing Address 4326 193rd Ave SE			Date of Receipt
				07 06 2009
	City	State	Zip Code	Transaction ID: 5271503
	Issaquah	WA	98027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontis	t	
	Receipt For:	Aggregate Ye	ear-to-Date V	7
	Primary General	33 3 1		
	Other (specify) ▼		250.00	
_				
61	UBTOTAL of Receipts This Page (optional)			750.00
3	OBTOTAL OF Necelipts This Page (optional)		·····	

A.

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add		Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 36 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial)	ODONTIST	S POLITICAL ACTION COM	/MITTEE
Dr. William Francis Hodges, Jr. Mailing Address 141 A South Commerce	e St		Date of Receipt 0 7 0 6 2 0 0 9
City	State	Zip Code	Transaction ID: 5271504
Tupelo	MS	38804	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor	ntist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John M. Kelley, Jr.			Date of Receipt
Mailing Address 2321 Winton Terrace V			07 06 7 2009
City	State	Zip Code	Transaction ID: 5271505
Fort Worth FEC ID number of contributing federal political committee.	C	76109	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Darren B. Ravassipour			Date of Receipt
Mailing Address 149 Littrell Dr			07 06 7 2009
City <u>Medford</u>	State OR	Zip Code 97504	Transaction ID: 5271506 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee to	
` '	HODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Valmy Pangrazio- Kulbersh Mailing Address 1417 Cedar Bend Dr		Date of Receipt
		07 06 2009
City	State Zip Code	Transaction ID: 5271508
Bloomfield Hills FEC ID number of contributing federal political committee.	MI 48302	Amount of Each Receipt this Period 150.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Dr. Morris N. Poole		Date of Receipt
Mailing Address 55 Bristol Rd		07 06 YYYYY 2009
City	State Zip Code	Transaction ID: 5271512
<u>Logan</u>	UT 84321	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Thomas Cavanaugh		Date of Receipt
Mailing Address 1848 Ashton Way		07 09 2009
City	State Zip Code	Transaction ID: 5289915
Chesterfield	MO 63005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	375.00	
		525.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN ASSOCIATION OF OF Full Name (Last, First, Middle Initial)	RTHODONTISTS POLITICAL ACTION COM	MMITTEE
Dr. Bruce J. Jiorle Mailing Address 59 Country Acres D)r	Date of Receipt
City	State Zip Code	07 09 2009 Transaction ID: 5289916
<u>Hampton</u>	NJ 08827	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Patricia L. Halloran		Date of Receipt
Mailing Address 53 Park Ave		07 09 7 2009
City	State Zip Code	Transaction ID: 5289918
Bronxville	NY 10708	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Vecere		Date of Receipt
Mailing Address 12 Romney PI E		07 09 7 2009
City Cape May Court Hou	State Zip Code NJ 08210-2143	Transaction ID: 5289920 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	.n	1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ai or	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
A .	Full Name (Last, First, Middle Initial) Dr. Russell P. Greer			Date of Receipt
	Mailing Address 205 E Ridge Dr City	State	Zip Code	0 7 0 9 2 0 0 9 Transaction ID: 5289922
	Nicholasville	KY	40356	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Mark S. Geller			Date of Receipt
	Mailing Address #4 Manzano Cir			07 09 7 2009
	City	State	Zip Code	Transaction ID: 5289923
	Dallas FEC ID number of contributing federal political committee.	C	75230	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
 c.	Full Name (Last, First, Middle Initial) Dr. Robert G. Wertz			Date of Receipt
	Mailing Address 136 Schaeffer Rd			07 09 7 2009
	City	State	Zip Code	Transaction ID: 5289924
	Newmanstown FEC ID number of contributing federal political committee.	C	17073	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	, '	Year-to-Date ▼ 250.00	
S	SUBTOTAL of Receipts This Page (optional)	1		1000.00
	OTAL This Period (last page this line number		•	

,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 251
	EMIZED RECEIPTS	for each category of the	(check only one)
	ITEMIZED RECEIPTS	Detailed Summary Page	X 11a 11b 11c 12
Г			13 14 15 16 17
	Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may not be sold or used by any personal me and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		
	AMERICAN ASSOCIATION OF ORTHO	DONTISTS POLITICAL ACTION COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Robert M. Cuenin		Date of Receipt
	Mailing Address 18 Gary Way		07 09 2009
	City	State Zip Code	Transaction ID: 5289928
	Alamo	CA 94507	Amount of Each Receipt this Period
	FEC ID number of contributing		
	federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		7
	Other (specify) ▼	250.00	
			-
- В.	Full Name (Last, First, Middle Initial) Dr. Todd A. Curtis		Date of Receipt
	Mailing Address 7717 Crystal Springs Rd	M M / D D / Y Y Y Y	
	PO Box 634	07 09 2009	
	City	State Zip Code	Transaction ID: 5289929
	Woodstock	IL 60098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	<u> </u>		
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		7
	Other (specify)	250.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Michelle Bridget Brown		Date of Receipt
٠.	Mailing Address 6 Gerry Drive		07 09 2009
	City	State Zip Code	Transaction ID: 5289931
	<u>Seekonk</u>	MA 02771	Amount of Each Receipt this Period
	FEC ID number of contributing	C	250.00
	federal political committee.		
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General	250.00	7
	Other (specify) ▼	230.00	1
_			
			750.00
	SUBTOTAL of Receipts This Page (optional)		750.00
-			_

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 251 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	the name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. James Kevin Grabouski Mailing Address 4838 Bradford Ln			Date of Receipt
City Sioux City	State IA	Zip Code 51106	Transaction ID: 5289934 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
Full Name (Last, First, Middle Initial) Dr. Joseph R. Pfeffer, Jr. Mailing Address 160 Stonehedge Ro	d		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	City State		Transaction ID: 5289935
Hollidaysburg	PA	16648	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor	ntist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert A. Krueger	•		Date of Receipt
Mailing Address 7 Queens Ln			07 09 2009
City	State	Zip Code	Transaction ID: 5289936
Jacksonville FEC ID number of contributing federal political committee.	C	62650-2604	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM-	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. G. Michael Kabot	THE BOWNER OF BEINGAL ACTION CO.	Date of Receipt
Mailing Address 2626 W Long Lake City	Rd State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
West Bloomfield	MI 48323	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gerald W. Springstead Mailing Address 11110 Ponce De Le	on	Date of Receipt
Cit.	Otata 7'- Ocale	07 09 2009
City Brooksville	State Zip Code FL 34601	Transaction ID: 5289938 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. James D. Campbell		Date of Receipt
Mailing Address 3107 W 30th Ct		$\begin{bmatrix} & M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
City	State Zip Code	Transaction ID: 5289941
Panama City	FL 32405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	l)	750.00
TOTAL This Period (last page this line number	ber only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to a	
Full Name (Last, First, Middle Initial) Dr. W. Michael Thomas	THIS DON'T BE THE REPORT OF WELL	Date of Receipt
Mailing Address 43 Moharimet Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5289943
Madbury	NH 03820-9578	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael D. Plunk		Date of Receipt
Mailing Address 8827 Kenton Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5289945
Dallas	TX 75231-4817	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert E. Varner		Date of Receipt
Mailing Address 161 Birdie Lane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Roseburg</u>	State Zip Code OR 97470	Transaction ID: 5289946 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional	al)	800.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 251 (check only one) X 11a
An	y information copied from such Reports and S for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
	Full Name (Last, First, Middle Initial) Dr. Michael J. Bernard Mailing Address 1670 Ashford Cir NE			Date of Receipt
	City	State	Zip Code	0 7 0 9 2 0 0 9 Transaction ID: 5289947
	North Canton	OH	44720	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Bruce Kelly Reeder	<u> </u>		Date of Receipt
	Mailing Address 12300 NW Pecan Cre	ek Dr		07 09 7 2009
	City	State	Zip Code	Transaction ID: 5289948
	Lawton	OK	73505	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Richard M. Garlitz			Date of Receipt
	Mailing Address 3145 Laurel Ridge Rd	NW		07 09 2009
	City	State	Zip Code	Transaction ID: 5289949
	Hickory	NC	28601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodor	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
				750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the Class C
Any information copied from such Re or for commercial purposes, other that	ports and Statements may not be sold or use nusing the name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	OF ORTHODONTISTS POLITICAL A	
Full Name (Last, First, Middle Initi Dr. Theodore W. Struhs	al)	Date of Receipt
Mailing Address 10355 Saran	ac Way	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5290292
Parker	CO 80134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initi Dr. Felix Ferre	al)	Date of Receipt
Mailing Address Reina Carlot La Villa De T	-	0 7 0 9 7 2 0 0 9
City	State Zip Code	Transaction ID: 5290293
<u>Guaynabo</u>	PR 00969	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		250.00
Full Name (Last, First, Middle Initi Dr. J. Dean Jensen	J)	Date of Receipt
Mailing Address 5881 Versail	es Ave	0 7 0 9 2 0 0 9
City	State Zip Code	Transaction ID: 5290294
Frisco	TX 75034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼		1000.00

,	SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 251
	TEMIZED RECEIPTS	for each category of the	(check only one)
	I EINILED RECEIP 19	Detailed Summary Page	X 11a 11b 11c 12
		., .9	13 14 15 16 17
	Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee.
<u> </u>		and address of any pointed committee to	
	NAME OF COMMITTEE (In Full)	ANTIOTO DOLUTIONI, ACTIONI CON	NATTEE
	AMERICAN ASSOCIATION OF ORTHODO	INTISTS POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Robert E. Eng		Date of Receipt
	Mailing Address 7 High Rd		07 09 2009
	City	State Zip Code	Transaction ID: 5290295
	-	MN 55076	Amount of Each Receipt this Period
		VII V 55070	Amount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Self-Employed	ccupation rthodontist	
			\dashv
	Primary General	ggregate Year-to-Date ▼	
	Other (specify)	250.00	
	Care (opening) •	0 0 0 0 0 0 0 0 0	
- В.	Full Name (Last, First, Middle Initial) Dr. Eloisa S. Garcia		Date of Receipt
	Mailing Address 214 Keystone		M M / D D / Y Y Y Y
	ZTT Noyotono		07 09 2009
	City	State Zip Code	Transaction ID: 5290297
	River Forest	L 60305	Amount of Each Receipt this Period
	FFO ID as well as of a section time.		
	federal political committee.		250.00
	Self-Employed	ccupation rthodontist	
		ggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	500.00	
_	Full Name (Last, First, Middle Initial)		Date of Descript
C.	Dr. Kenneth Cooperman Mailing Address 18 E 81st St Apt #4-B		Date of Receipt
	Mailing Address 18 E 81st St Apt #4-B		07 09 2009
	City	State Zip Code	Transaction ID: 5290298
	-	NY 10028	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Solf Employed	ccupation rthodontist	
		ggregate Year-to-Date ▼	1
	Primary General		
	Other (specify) ▼	250.00	
			'
Γ			
	SUBTOTAL of Receipts This Page (optional)		750.00
L	ODIOTAL OF HOSCIPIO THIS Fage (optional)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to		
AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION COM	MMITTEE	
Full Name (Last, First, Middle Initial) Dr. Michael W. Burke		Date of Receipt	
Mailing Address 36026 Ravello Ct		07 09 2009	
City Murrieta	State Zip Code CA 92562	Transaction ID: 5290299 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Lawrence S. Harte		Date of Receipt	
Mailing Address 100 W Mount Pleas	ailing Address 100 W Mount Pleasant Ave		
City	State Zip Code	Transaction ID: 5290300	
Livingston	NJ 07039	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Gary J. Romeo		Date of Receipt	
Mailing Address 420 Birch Rd		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 5290301	
Fairfield FEC ID number of contributing federal political committee.	CT 06824	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional	l)	750.00	
TOTAL This Period (last page this line num	•		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial) Dr. Lisa K. Wendling Mailing Address 7333 Old Timber Trl PO Box 278 City New Lothrop FEC ID number of contributing federal political committee.	State MI	Zip Code 48460	Date of Receipt M M M O D D O 2009 Transaction ID: 5290302 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
Full Name (Last, First, Middle Initial) Dr. Robert L. Loeb Mailing Address 716 Natures Way	•		Date of Receipt 0 7 0 9 2 0 0 9
City Franklin Lakes FEC ID number of contributing federal political committee.	State NJ	Zip Code 07417	Transaction ID: 5290304 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General	Occupation Orthodor Aggregate		
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	0 0	250.00	
Dr. Joseph F. Coniglio Mailing Address 5414 Ocean Dr			Date of Receipt 0 7 0 9 2 0 0 9
City Corpus Christi	State TX	Zip Code 78412	Transaction ID: 5290305 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor	ntist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

Anv	EHEDULE A (FEC Form 3X) EMIZED RECEIPTS information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 49 / 251 (check only one) X
or fo	or commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and ad	dress of any political committee to	solicit contributions from such committee.
Α	Full Name (Last, First, Middle Initial) Dr. Robert B. Hoffman Mailing Address 1513 Lake Shore Dr S			Date of Receipt
-	City	State	Zip Code	0 7 0 9 2 0 0 9 Transaction ID: 5290306
	Barrington	IL	60010	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
I	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert S. Martin			Date of Receipt
Ī	Mailing Address 11705 Woodland Drive	,		07 09 2009
	City	State	Zip Code	Transaction ID: 5290307
i	Lutherville FEC ID number of contributing rederal political committee.	C	21093	Amount of Each Receipt this Period 250.00
ļ	Name of Employer Self-Employed	Occupation		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Bruce R. Molen			Date of Receipt
ı	Mailing Address 714 W Hi Crest Dr			07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5290308
-	Auburn	WA	98001	Amount of Each Receipt this Period
	FEC ID number of contributing dederal political committee.	C		250.00
_	Name of Employer Self-Employed	Occupation Orthodol		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
su	BTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person go the name and address of any political committee to example of the property of the prop	
Full Name (Last, First, Middle Initial) Dr. John Leo Mergen		Date of Receipt
Mailing Address 840 Mesquite Dr		07 09 2009
City	State Zip Code	Transaction ID: 5290309
Coralville	IA 52241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Geri R. Kohn-Hunter		Date of Receipt
Mailing Address 30 Morgan Ct		07 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5290310
Rye	NH 03870	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leon E. Souweine		Date of Receipt
Mailing Address 72 Broadway		07 09 YYYYY 2009
City <u>Bangor</u>	State Zip Code ME 04401	Transaction ID: 5290311
FEC ID number of contributing federal political committee.	C 04401	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 251 (check only one) X 11a
NAME OF COMMI	TTEE (In Full)		not be sold or used by any persoress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, Fi Dr. Charles E. Pritch Mailing Address City McCordsville FEC ID number of federal political com Name of Employer Self-Employed	ett 13438 Pilot Ln contributing mittee.	State IN C C C C C C C C C C C C C C C C C C		Date of Receipt M M M O D D O D O D O D O D O D O D O D
Receipt For: Primary Other (specif	General	Aggregate `	Year-to-Date ▼ 250.00	
Full Name (Last, Fi Dr. Timothy J. Alford Mailing Address	rst, Middle Initial) 1861 N Log Cabin Dr	State	Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Anderson FEC ID number of federal political con	nmittee.	C	46011	Transaction ID: 5290313 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Other (specif	General	Occupation Orthodont Aggregate		
Full Name (Last, Fi Dr. Daniel B. Snead Mailing Address	rst, Middle Initial) 5043 Brill Pt			Date of Receipt 0 7 0 9 2 0 0 9
City Tallahassee FEC ID number of federal political con	contributing	State FL	Zip Code 32312-5600	Transaction ID: 5290314 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	C	Occupation Orthodont		
Receipt For: Primary Other (specif	General	Aggregate '	Year-to-Date ▼ 250.00	
SUBTOTAL of Recei	pts This Page (optional)			750.00

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	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 52 / 251 (check only one)
			Detailed Summary Page	13 14 15 16 17
1	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements mag name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	DDONTIST	S POLITICAL ACTION COM	IMITTEE
A.	Full Name (Last, First, Middle Initial) Dr. Anthony Rinaldi			Date of Receipt
	Mailing Address 5755 Richmond Park Dr	ſ		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5290315
	Mason	ОН	45040	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. John C. White			Date of Receipt
	Mailing Address 3534 St Andrews Lane			07 09 7 2009
	City	State	Zip Code	Transaction ID: 5290316
	Richfield	OH	44286	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Thomas J. McGowan			Date of Receipt
	Mailing Address 5376 W Lake Dr			07 09 7 2009
	City West Bend	State WI	Zip Code 53095	Transaction ID: 5290318 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
Γ	SUBTOTAL of Receipts This Page (optional)		.	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 53 / 251 (check only one)
•	TEMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and State for commercial purposes, other than using the r	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	1MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Alan C. Perry			Date of Receipt
	Mailing Address 3104 Green Leaf Ln			07 09 7 2009
	City	State	Zip Code	Transaction ID: 5290319
	Lake Charles	<u>LA</u>	70605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary ☐ General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Kamp Richard Meyer			Date of Receipt
	Mailing Address 4160 Penrose Place			07 09 7 2009
	City	State	Zip Code	Transaction ID: 5290320
	Rapid City	SD	57702	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Paul Nelson			Date of Receipt
	Mailing Address 16508 9th PI NW			07 09 7 2009
	City Seattle	State WA	Zip Code 98177	Transaction ID: 5290321 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify)		250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 54 / 251 (check only one)
TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
		Detailed Guillinary Fage	13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mage name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Carney D. Loucks			Date of Receipt
Mailing Address 900 W 18th St S			07 09 2009
City	State	Zip Code	Transaction ID: 5290530
Newton	IA	50208-3500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jonathan Shanker			Date of Receipt
Mailing Address 9 High Acres Dr			07 09 2009
City	State	Zip Code	Transaction ID: 5290531
Saint Louis	MO	63132	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Virginia A. Mennemeyer			Date of Receipt
Mailing Address 145 Fairway Ln			07 09 YYYYY 07 09 2009
City	State	Zip Code	Transaction ID: 5290532
Troy	MO	63379	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify)	33 0	250.00	
	1		

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 251 (check only one) X
NAI	ormation copied from such Reports and S commercial purposes, other than using the ME OF COMMITTEE (In Full) IERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Dr	Name (Last, First, Middle Initial) Jeremy R. Lustig ling Address 11700 Babbling Brook			Date of Receipt 0 7 0 9 2 0 0 9
City		State	Zip Code	Transaction ID: 5290533
	CID number of contributing eral political committee.	C	76248	Amount of Each Receipt this Period 250.00
	ne of Employer f-Employed seipt For: Primary General Other (specify)	Occupatio Orthodor Aggregate		1
Dr.	Name (Last, First, Middle Initial) Gregory F. Kubik ling Address 6808 Oakwood Manor	Dr		Date of Receipt 0 7 0 9 2 0 0 9
City	,	State	Zip Code	Transaction ID: 5290534
<u>Cr</u> y	rstal Lake	<u>IL</u>	60012	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		250.00
Nar Sel	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eeipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	Name (Last, First, Middle Initial) George W. Scott			Date of Receipt
Mai	ling Address 127 Red Hill Road			07 09 YYYY 2009
City	1	State	Zip Code	Transaction ID: 5290535
<u>Ho</u>	Imdel	NJ	07733	Amount of Each Receipt this Period
fede	CID number of contributing eral political committee.	C		500.00
Nar Sel	ne of Employer f-Employed	Occupatio Orthodor		
Rec	eipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
SUBT	OTAL of Receipts This Page (optional)		\	1000.00

•	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 56 / 251
	TEMIZED RECEIPTS		for each category of the	(check only one)
	I EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Barry E. Booth			Date of Receipt
	Mailing Address 439 Sunset Ave			07 09 2009
	City	State	Zip Code	Transaction ID: 5290536
	La Grange	IL	60525	Amount of Each Receipt this Period
				7 thouse of Each Floodipt the Foliod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	7.99.094.0		1
	Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Thais Carvalho Booms			Date of Receipt
	Mailing Address 2705 17th St			M M / D D / Y Y Y Y
	2700 17111 01			07 09 2009
	City	State	Zip Code	Transaction ID: 5290537
	Sacramento	CA	95818-3029	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	00 0	1 1 1 1 1 1 1	1
	Other (specify)	0 0	250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Zachary J. Mellion			Date of Receipt
	Mailing Address 3623 Sanctuary Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5290538
	Akron	OH	44333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	-	e Year-to-Date ▼	7
	Primary General	1.55.09410	1 1 1 1 1 1 1 1	1
	Other (specify) ▼		250.00	
	<u> </u>			1
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	CURTOTAL of Descints This Description is			750.00
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate for each cate Detailed Sur		FOR LINE NUMBER: PAGE 57 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
A Or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or use name and address of any poli	used by any persor itical committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL	ACTION COM	MITTEE
	Full Name (Last, First, Middle Initial) Dr. Steven S. Banks			Date of Receipt
	Mailing Address 6050 N Avondale	Change 7:- Condo		07
	City Chicago	State Zip Code IL 60631		Transaction ID: 5290539 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
-	Full Name (Last, First, Middle Initial) Dr. Diana T. Malone	1		Date of Receipt
	Mailing Address 26 Eton Green Cir			07 09 2009
	City	State Zip Code		Transaction ID: 5290541
	San Antonio	TX 78257		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
	Full Name (Last, First, Middle Initial) Dr. Michael L. Gold			Date of Receipt
	Mailing Address 1743 E Handel St			07 09 2009
	City	State Zip Code		Transaction ID: 5290542
	Meridian	ID 83646		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
	SUBTOTAL of Receipts This Page (optional)	•		750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 58 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any persousing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial)	F ORTHODONTISTS POLITICAL ACTION CON	110111111111111111111111111111111111111
Dr. Timothy Robert Kuntz Mailing Address 2423 Mohawk	Dr	Date of Receipt
City	State Zip Code	0 7 0 9 2 0 0 9 Transaction ID: 5290543
Sioux City	IA 51104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Curtis N. Kamisugi		Date of Receipt
Mailing Address 2310 Ferdinand	d Ave	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5290544
Honolulu	HI 96822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Richard J. Hoskinson		Date of Receipt
Mailing Address 26 Via Maria D	r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5290545
<u>Scotia</u>	NY 12302	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
OUDTOTAL of Descript This Descript	otional)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 59 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports at or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 1	RTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Dale Anne Featheringham		Date of Receipt
Mailing Address City	State Zip Code	0 7 0 9 2 0 0 9 Transaction ID: 5290547
•	·	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Patrick A. Niland	1	Date of Receipt
Mailing Address 264 E Mikyl Ridge	•	07 09 2009
City	State Zip Code	Transaction ID: 5290548
Nampa	ID 83686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Jerome A. Jarosz	- 1	Date of Receipt
Mailing Address 208 W Plum Grove		07 09 2009
City	State Zip Code	Transaction ID: 5290549
Arlington Heights	IL 60004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	(lg	750.00
	aber only)	

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) Dr. Sheila Birth Mailing Address 2802 Summertree Ln City Colleyville	name and addi	ress of any political committee to	solicit contributions from such committee.
for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) Dr. Sheila Birth Mailing Address 2802 Summertree Ln City	name and addi	ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee. IMITTEE
AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial) Dr. Sheila Birth Mailing Address 2802 Summertree Ln City		S POLITICAL ACTION COM	
Dr. Sheila Birth Mailing Address 2802 Summertree Ln City	State		Date of Receipt
City	State		
•	State		07 09 2009
Colleyville		Zip Code	Transaction ID: 5290550
	TX	76034-5136	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
			Date of Receipt
			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5290551
Roswell	GA	30076	Amount of Each Receipt this Period
	C		250.00
Name of Employer Self-Employed			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
, , ,			Date of Receipt
· · · · · · · · · · · · · · · · · · ·			07 09 YYYYY 2009
	State TX	Zip Code 76450	Transaction ID: 5290552 Amount of Each Receipt this Period
	C		250.00
Name of Employer Self-Employed			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	Receipt For: Primary Other (specify) Full Name (Last, First, Middle Initial) Dr. Christopher J. Getchell Mailing Address 470 Thornwyck Trail City Roswell FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Edward Stan Key Mailing Address 1706 Cheyenne Tr City Graham FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) General Other (specify)	Self-Employed Orthodont Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Christopher J. Getchell Mailing Address 470 Thornwyck Trail City State Roswell GA FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodont Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward Stan Key Mailing Address 1706 Cheyenne Tr City State Graham TX FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodont Receipt For: Primary General Other (specify) ▼ Occupation Orthodont Receipt For: Aggregate Occupation Orthodont Receipt For: Primary General Other (specify) ▼ Aggregate	Self-Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Christopher J. Getchell Mailing Address 470 Thornwyck Trail City State Zip Code GA 30076 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Cupation Orthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Edward Stan Key Mailing Address 1706 Cheyenne Tr City State Zip Code TX 76450 FEC ID number of contributing federal political committee. Cupation Orthodontist Receipt For: Primary General Occupation Orthodontist Aggregate Year-to-Date ▼ Occupation Orthodontist Receipt For: Primary General

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 61 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso to the name and address of any political committee to the HODONTISTS POLITICAL ACTION COM-	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Charles M. Krowicki Mailing Address 456 Mine Rd City Asbury FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code NJ 08802-1105 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M O O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Dr. Jason Schmit Mailing Address 3100 Pinney Woods (City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	0 0 0 0 0 0 0 0	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Burton Louis Hagler Mailing Address 1777 Cedar Ridge Dr City Spring Valley FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code OH 45370 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .	_	750.00

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Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	RTHODONTIST	'S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Maurice J. Belden			Date of Receipt
Mailing Address 176 Academy St			07 09 2009
City Presque Isle	State ME	Zip Code 04769-3185	Transaction ID: 5290557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	04703 0103	250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michelle L. Bergsrud	I		Date of Receipt
Mailing Address 5008 Woodhurst L	n		07 09 7 2009
City	State MN	Zip Code	Transaction ID: 5290558
Minnetonka FEC ID number of contributing federal political committee.	C	55345	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	- ' '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen Robert Nelson			Date of Receipt
Mailing Address 4405 Highland Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5290559
Minnetonka FEC ID number of contributing federal political committee.	C	55345	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 251 (check only one)
An	y information copied from such Reports and Sta	atements ma		n for the purpose of soliciting contributions
or f	or commercial purposes, other than using the n	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	DDONTIST	TS POLITICAL ACTION COM	IMITTEE
	Full Name (Last, First, Middle Initial) Dr. Charles K. Wear			Date of Receipt
	Mailing Address 5350 Idlewood Rd			07 09 7 2009
	City	State	Zip Code	Transaction ID: 5290629
	Santa Rosa	CA	95404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. Jeffery Craig Summers			Date of Receipt
	Mailing Address 138 Fox Trace			07 09 7 2009
	City	State	Zip Code	Transaction ID: 5290630
	Simpsonville	SC	29680	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. Karl William Weiss			Date of Receipt
	Mailing Address 205 William Dr			07 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Canonsburg	State PA	Zip Code 15317	Transaction ID: 5290631 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:	Aggregate	e Year-to-Date	
	Primary General Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committies. NAME OF COMMITTEE (in Full) ANAME (In Full Name (Last, First, Middle Initial) Data of Receipt City State Zip Code Madison FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Data of Receipt Transaction ID: 5290632 Amount of Each Receipt this Period City State Zip Code Auguredate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael & Rogers Mailing Address 3214 Candace Dr City State Zip Code Auguredate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael & Rogers Mailing Address 3214 Candace Dr City State Zip Code Auguredate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael & Rogers Mailing Address 3214 Candace Dr City State Zip Code Auguredate Year-to-Date ▼ Primary General Other (specify) ▼ Transaction ID: 5290633 Armount of Each Receipt this Period C. Cocupation Orthodonlist Receipt For: Primary General Other (specify) ▼ Transaction ID: 5290635 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt Transaction ID: 5290635 Transaction ID: 5290635 Trans		· ·			(check only one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE A. Dr. Paul W. Sproul Maling Address 106 Indian Crest Dr City State Zip Code Madison AL 36758 FEC ID number of contributing federal political committee. Name of Employer Solic Employer Orthodonlist Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Primary General Other (specify) Aggregate Year-to-Date ▼ Cupation Orthodonlist Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael Wanburg Malling Address 3214 Candace Dr City State Zip Code Augusta GA 39899 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodonlist Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael Wanburg Malling Address 3214 Candace Dr City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael Wanburg Malling Address 1486 Sunnyside Ave City State Zip Code Highland Park IL 69035 FEG ID number of contributing federal political committee. Name of Employer Occupation Orthodonlist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	•	TEMIZED NEOEII 10		Detailed Summary Page	
A. MERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Orthodontist Receipt For: Primary General Orthodontist Receipt For: Primary General Orthodontist Receipt For: Primary General Orthodontist Receipt Transaction ID: 5290632 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Orthodontist Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Michael B. Rogers Mailing Address 3214 Candace Dr City State Zip Code Aggregate Year-to-Date ▼ Date of Receipt Orthodontist Receipt For: Primary General Other (specify) ▼ Date of Receipt Orthodontist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	by not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A. Full Name (Last, First, Middle Initial) De: Paul W: Sproul Mailling Address 106 Indian Crest Dr City State Zip Code Madison AL 35758 FEC ID number of contributing federal political committee. Name of Emptyoer Self-Employed Pull Name (Last, First, Middle Initial) Di. Michael B: Rogers Mailing Address 3214 Candace Dr City State Zip Code Augusta GA 3999 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 5290633 Amount of Each Receipt this Period Pull Name (Last, First, Middle Initial) Di. Michael Gas Signature Self-Employed City State Zip Code Augusta GA 3999 FEC ID number of contributing federal political committee. Name of Emptyoer Self-Employed City General Other (specity) ▼ Date of Receipt Transaction ID: 5290633 Amount of Each Receipt this Period Federal political committee. C Socupation Other (specity) ▼ Date of Receipt Transaction ID: 5290633 Amount of Each Receipt this Period Federal political committee. Date of Receipt Transaction ID: 5290633 Amount of Each Receipt Initial Period Federal political committee. C Socupation Other (specity) ▼ Date of Receipt Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Transaction ID: 5290633 Amount of Each Receipt Initial Period Tra		' '	0 D 0 L ITLOT		
A. Dr. Paul W. Sproul Mailing Address 106 Indian Crest Dr City State Zip Code Madson AL 35758 FEC ID number of contributing federal political committee. Name of Employer Full Name (Last, First, Middle Initial) Dr. Michael B. Rogers Mailing Address 3214 Candace Dr City State Zip Code Mailing Address 3214 Candace Dr City State Zip Code Augusta GA 39999 FEC ID number of contributing federal political committee. Name of Employer Name of Employer Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Aggregate Year-to-Date ▼ Perimary General Other (specify) ▼ Coccupation Orthodontist Aggregate Year-to-Date ▼ Coccupation Orthodontist Aggregate Year-to-Date ▼ Coccupation Orthodontist Coccupation Orthodontist Aggregate Year-to-Date ▼ Coccupation Orthodontist Cocc		AMERICAN ASSOCIATION OF ORTH	ODONTIST	IS POLITICAL ACTION CON	MILLEE
City State Zip Code Madison AL 35758 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Perimary General Ofter (specify) ▼	Α.				Date of Receipt
Madison AL 35758		Mailing Address 106 Indian Crest Dr			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For:		City	State	Zip Code	Transaction ID: 5290632
Name of Employer Self-Employer Aggregate Year-to-Date ▼		Madison	AL	35758	Amount of Each Receipt this Period
Self-Employed Orthodontist Receipt For: Primary			C		250.00
Primary Other (specify) ▼ 250.00 Pull Name (Last, First, Middle Initial) Dr. Michael B. Rogers		Name of Employer Self-Employed			
Other (specify) ▼			Aggregate	e Year-to-Date ▼	
B. Dr. Michael B. Rogers Mailing Address 3214 Candace Dr City State Zip Code GA 30909 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Date of Receipt Transaction ID: 5290633 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ State Zip Code Date of Receipt Transaction ID: 5290635 Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Transaction ID: 5290635 Transaction ID: 5290635 Amount of Each Receipt Date of Receipt Transaction ID: 5290635 Transaction ID: 5290635 Amount of Each Receipt this Period C State Zip Code Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Cocupation Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00			0 0	250.00	
City Augusta FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ C. Dir. Michael Weinberg Mailing Address 1486 Sunnyside Ave City Highland Park FEC ID number of contributing federal political committee. C. Date of Receipt Transaction ID: 5290633 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 5290633 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5290635 Transaction ID: 5290635 Amount of Each Receipt this Period C. Date of Receipt Transaction ID: 5290635 Amount of Each Receipt this Period C. Transaction ID: 5290635 Amount of Each Receipt this Period C. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	- В.				Date of Receipt
Augusta GA 30909 FEC ID number of contributing federal political committee. Name of Employer Self-Employed C. Dother (specify) ▼ C. Date of Receipt Weinberg Mailing Address 1486 Sunnyside Ave City State Zip Code Highland Park FEC ID number of contributing federal political committee. C. Name of Employer C. Date of Receipt Transaction ID: 5290635 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 5290635 Amount of Each Receipt this Period C. Date of Receipt Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period Transaction ID: 5290635 Amount of Each Receipt this Period 250.00		Mailing Address 3214 Candace Dr			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Name of Employer Self-Employed		•		•	
Name of Employer Occupation Orthodontist			GA	30909	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Michael Weinberg Mailing Address 1486 Sunnyside Ave City State Zip Code Highland Park IL 60035 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		FEC ID number of contributing federal political committee.	C		500.00
Primary General Other (specify) ▼ Total Name (Last, First, Middle Initial)		Name of Employer Self-Employed			
C. Dither (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael Weinberg Mailing Address 1486 Sunnyside Ave City State Zip Code Highland Park IL 60035 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000 00			Aggregate	e Year-to-Date ▼	
C. Dr. Michael Weinberg Mailing Address 1486 Sunnyside Ave City Highland Park FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Date of Receipt Transaction ID: 5290635 Amount of Each Receipt this Period 250.00			0 0	750.00	
City Highland Park IL 60035 Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ State Zip Code IL 60035 Amount of Each Receipt this Period 250.00 0 7 0 9 2 0 0 9 Transaction ID: 5290635 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date 250.00	с. С.	, , , ,			Date of Receipt
Highland Park IL 60035 Amount of Each Receipt this Period 250.00 Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼		Mailing Address 1486 Sunnyside Ave			
Receipt For: Primary Other (specify) ▼ Occupation Orthodontist Aggregate Year-to-Date 250.00 Aggregate Year-to-Date 250.00				•	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00			C		250.00
Primary General Other (specify) ▼ 250.00		Name of Employer Self-Employed			
Other (specify) ▼ 250.00			Aggregate	e Year-to-Date	
CURTOTAL of Descints This Dans (actions)				250.00	
SUBTOTAL of Receipts This Page (optional)	ſ	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 65 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal the name and address of any political committee to THODONTISTS POLITICAL ACTION CON	
Full Name (Last, First, Middle Initial)	THODON TISTS POLITICAL ACTION CON	/////ITTEE
Mailing Address 34 Mockingbird Ln		Date of Receipt
City	State Zip Code	07 09 2009 Transaction ID: 5290636
Oak Brook FEC ID number of contributing federal political committee.	IL 60523	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Donald C. Wilson Mailing Address 3132 SW Westover	Rd	Date of Receipt
		07 09 2009
City Topeka	State Zip Code KS 66604	Transaction ID: 5290637
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Peter H. Cain		Date of Receipt
Mailing Address 50 Walden Hill		07 09 / Y Y Y Y Y Y
City Guilford	State Zip Code CT 06437-3103	Transaction ID: 5290638
FEC ID number of contributing federal political committee.	CT 06437-3103	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00
TOTAL This Period (last page this line numb	•	

SCHEDULE A (FE	•	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 66 / 251 (check only one)
II EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from sor for commercial purposes,	such Reports and Statements may other than using the name and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE AMERICAN ASSOCIA	(In Full) ATION OF ORTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Mic Dr. David C. Spokane	ddle Initial)		Date of Receipt
Mailing Address 108 B	rian Dr		07 09 2009
City	State	Zip Code	Transaction ID: 5290639
Beaver	PA	15009-9794	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary Go Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Mic Dr. Jennifer Edwards Butler			Date of Receipt
Mailing Address 1138 (Carleita Cir		07 09 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5290640
Conway	SC	29527	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			125.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	55 5	Year-to-Date ▼	
Primary Ge Other (specify) ▼	eneral	250.00	
Full Name (Last, First, Mic Dr. Joseph Brandon Chadw			Date of Receipt
Mailing Address 240 A	ugustine Dr		07 09 7 2009
City <u>Spartanburg</u>	State SC	Zip Code 29306-6927	Transaction ID: 5290641 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			125.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary Ge Other (specify) ▼	Aggregate eneral	Year-to-Date ▼ 250.00	
			500.00

or for commercial purposes NAME OF COMMITTE AMERICAN ASSOC Full Name (Last, First, M. Dr. W. Keith Harvey Mailing Address 420 City Mobile FEC ID number of contrederal political committee Name of Employer Self-Employed Receipt For:	s, other than using the name and a E (In Full) CIATION OF ORTHODONTIS Middle Initial) 1 Wilkinson Way State AL ributing ee. Occupat Orthod Aggrega	Address of any political committee to STS POLITICAL ACTION COM Zip Code 36608	Date of Receipt Date of Receipt O 7 O 9 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, MDr. W. Keith Harvey Mailing Address 420 City Mobile FEC ID number of contrederal political committee Name of Employer Self-Employed Receipt For: Primary Other (specify) Full Name (Last, First, MDr. David S. Williams Mailing Address 2203 City	State AL ributing ee. Occupat Orthod Aggrega	Zip Code 36608 tion lontist ate Year-to-Date ▼	Date of Receipt 0 7 0 9 2 0 0 9 Transaction ID: 5290644 Amount of Each Receipt this Period
Dr. W. Keith Harvey Mailing Address 420 City Mobile FEC ID number of contrederal political committed Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Nor. David S. Williams Mailing Address 2203	State AL ributing ee. Occupat Orthod Aggrega	tion lontist ate Year-to-Date ▼	Transaction ID: 5290644 Amount of Each Receipt this Period
City Mobile FEC ID number of contressed political committed. Name of Employer Self-Employed Receipt For: Primary Other (specify) Full Name (Last, First, M. Dr. David S. Williams Mailing Address 2203	State AL Cibuting ee. Occupat Orthod Aggrega	tion lontist ate Year-to-Date ▼	Transaction ID: 5290644 Amount of Each Receipt this Period
Mobile FEC ID number of contred federal political committed. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Nor. David S. Williams Mailing Address 2203	AL ributing ee. Occupat Orthod Aggrega	tion lontist ate Year-to-Date ▼	Amount of Each Receipt this Period
FEC ID number of contress federal political committee Name of Employer Self-Employed Receipt For: Primary Other (specify) Full Name (Last, First, Mor. David S. Williams Mailing Address 2203	C Occupation Orthod Aggregation General	tion lontist ate Year-to-Date ▼	
Receipt For: Primary Other (specify) Full Name (Last, First, Mor. David S. Williams Mailing Address 2203	General Orthod	ontist ate Year-to-Date ▼ 750.00	1
Primary Other (specify) ▼ Full Name (Last, First, M Dr. David S. Williams Mailing Address 2203	General	750.00	1
Dr. David S. Williams Mailing Address 2203 City	Middle Initial)		
City	, 		Date of Receipt
•			07 09 2009
Columbia	State TN	Zip Code 38401	Transaction ID: 5290645
FEC ID number of contr federal political committe	ributing	30401	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupat Orthod		
Receipt For: Primary Other (specify)	General	ate Year-to-Date ▼ 500.00	
Full Name (Last, First, No. Dr. Paul Doi	Middle Initial)		Date of Receipt
Mailing Address 1892	27 E Canary Way		07 10 / Y Y Y Y Y Y
City Queen Creek	State AZ	Zip Code 85242	Transaction ID: 5290674
FEC ID number of contr federal political committee	ributing	83242	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupat Orthod		
Receipt For: Primary Other (specify)		ate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts T			750.00

ITEMIZED RECEIPTS for each category of		Use separate schedule(s) for each category of the Detailed Summary Page	category of the	
or for commercial purposes. NAME OF COMMITTEE	other than using the name and a (In Full)	nay not be sold or used by any persuddress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE	
Full Name (Last, First, M Dr. Steven Jay Smiley Mailing Address 1035	Willis Rd	Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y	
Spartanburg	SC	29301	Amount of Each Receipt this Period	
FEC ID number of contri federal political committee			250.00	
Name of Employer Self-Employed	Occupat Orthod	ontist		
Receipt For: Primary Other (specify)	Aggrega	ate Year-to-Date ▼ 250.00		
Full Name (Last, First, M Dr. Maria C. Castano-Ren Mailing Address 344	don		Date of Receipt	
			07 10 2009	
City	State TX	Zip Code	Transaction ID: 5290676	
Coppell FEC ID number of contri federal political committe	buting	75019-5374	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupat Orthod			
Receipt For: Primary Other (specify) ▼	Aggrega General	ate Year-to-Date ▼ 250.00		
Full Name (Last, First, M Dr. Robert M. Merrill	liddle Initial)		Date of Receipt	
Mailing Address 1026	N Fairview PI		07 10 2009	
City	State	Zip Code	Transaction ID: 5290677	
East Wenatchee	WA	98802	Amount of Each Receipt this Period	
FEC ID number of contri federal political committe	e. C		1000.00	
Name of Employer Self-Employed	Occupat Orthod			
Receipt For: Primary Other (specify) ▼		ate Year-to-Date 1000.00		
SUBTOTAL of Receipts T	nia Roga (antional)		1500.00	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 69 / 251 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OI			
Full Name (Last, First, Middle Initial) Dr. Steven C. Ricci			Date of Receipt
Mailing Address 1520 Mountclaire D	Or		07 10 2009
City	State	Zip Code	Transaction ID: 5290678
Cumming FEC ID number of contributing federal political committee.	GA C	30041	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew J. Tringas			Date of Receipt
Mailing Address 3828 Lower Park F	Rd		07 10 YYYYY 2009
City Orlando	State FL	Zip Code 32814	Transaction ID: 5290682
FEC ID number of contributing federal political committee.	C	32014	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard D. Christensen			Date of Receipt
Mailing Address 7025 Scenic Dr			07 10 2009
City	State	Zip Code	Transaction ID: 5290683
Yakima FEC ID number of contributing federal political committee.	C	98908	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	-1)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Gary R. Baughman Mailing Address 4011 Fort Donelson	a Dr	Date of Receipt
waining Address 4011 Fort Dorielson	n Dr	07 10 2009
City	State Zip Code	Transaction ID: 5290685
Stockton FEC ID number of contributing federal political committee.	CA 95219-3216	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	_
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory Thomas Cohlmia Mailing Address 14805 Le Grande		Date of Receipt
City Addison	State Zip Code TX 75001	Transaction ID: 5290686 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Whybra J. Duay, Jr.		Date of Receipt
Mailing Address 1209 S Prescott Dr		07 10 2009
City	State Zip Code	Transaction ID: 5290687
Morgan City	LA 70380-1209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 71 / 251 (check only one) X
Any information copied from such Reports and Stor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	atements may not be sold or used by any personame and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Christopher W. Peluso Mailing Address 903 Providence PI City Providence FEC ID number of contributing federal political committee. Name of Employer	State Zip Code RI 02903-1705 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David A. Zysik Mailing Address 13964 State Hwy 37 City Massena FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NY 13662-1704 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Martin H. Baker, Jr. Mailing Address 379 Cole Rd City Hattiesburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MS 39402 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	>	750.00

SCHEDULE A (FEC Form SITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any per ng the name and address of any political committee DRTHODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. Mark O. Shoger Mailing Address 10525 SW 161st City Beaverton FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code OR 97007 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Mark A. Sundberg Mailing Address 8620 Bedington [City Lacey FEC ID number of contributing federal political committee.	250.00 Or SE State Zip Code WA 98513 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Patricia B. Timmeny Mailing Address 3 Premier Dr City Londonderry FEC ID number of contributing federal political committee.	State Zip Code NH 03053	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC FOI ITEMIZED RECEIPTS	m 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE /3/251 (check only one)
Any information copied from such Re or for commercial purposes, other that	ports and Statements may	y not be sold or used by any persedress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION	·	•	
Full Name (Last, First, Middle Initi Dr. Angela R. Becker	al)		Date of Receipt
Mailing Address 3619 N Cour	nty Line Rd W		07 15 2009
City Huntertown	State IN	Zip Code 46748-9788	Transaction ID: 5335499 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10710 0700	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initi Dr. Corey Christopher Conrad	al)		Date of Receipt
Mailing Address 4640 Park			07 15 2009
City	State	Zip Code	Transaction ID: 5335500
West Des Moines IA		50265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initi Dr. Dennis L. Granberry	al)		Date of Receipt
Mailing Address 105 Darby R	d		07 15 2009
City	State	Zip Code	Transaction ID: 5335501
<u>Hattiesburg</u>	MS	39402	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page	1		750.00

A.

В.

C.

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 251 (check only one)	
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any perso ame and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	DDONTISTS POLITICAL ACTION COM	IMITTEE	
Full Name (Last, First, Middle Initial) Dr. Devek Kent Frech		Date of Receipt	
Mailing Address 2700 Cooke Ave		07 15 2009	
City	State Zip Code	Transaction ID: 5335502	
Wichita Falls FEC ID number of contributing federal political committee.	TX 76308	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Daniel R. Fiehrer		Date of Receipt	
Mailing Address Box 811		07 15 7 2009	
City Helena	State Zip Code MT 59624	Transaction ID: 5335503 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C 33024	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Thomas Joseph Borgula		Date of Receipt	
Mailing Address		07 15 7 2009	
City	State Zip Code	Transaction ID: 5335504 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Ose separate seriedate(s)		FOR LINE NUMBER: PAGE 75 / 251 (check only one) X	
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	the name and addre	ess of any political committee to	o solicit contributions from such committee.	
Full Name (Last, First, Middle Initial) Dr. B. Keith Black Mailing Address 21 Greenwood Rd			Date of Receipt 0 7 1 5 2 0 0 9	
City	State	Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 5335506	
Asheville FEC ID number of contributing federal political committee.	C	28803	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodonti Aggregate Y	st ∕ear-to-Date ▼ 250.00	1	
Full Name (Last, First, Middle Initial) Dr. Robin A. Weeks Mailing Address 120 N Windham Rd	1		Date of Receipt	
City Windham FEC ID number of contributing	State CT	Zip Code 06280-1127	Transaction ID: 5335508 Amount of Each Receipt this Period	
federal political committee. Name of Employer Self-Employed	Occupation Orthodonti		250.00	
Receipt For: Primary General Other (specify) ▼	1	ear-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Joseph K. Buchanan Mailing Address 25 Kemp Ct			Date of Receipt 0 7 1 5 2 0 0 9	
City Alamo	State CA	Zip Code 94507	Transaction ID: 5335509 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		250.00	
Name of Employer Self-Employed	Occupation Orthodonti	st	_	
Receipt For: Primary General Other (specify) ▼		/ear-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional	l)		750.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 76 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to STHODONTISTS POLITICAL ACTION COM		
Full Name (Last, First, Middle Initial) Dr. Preston D. Miller, III		Date of Receipt	
Mailing Address 19 Northwood Ave		07 15 2009	
City	State Zip Code	Transaction ID: 5335510	
<u>Jackson</u>	TN 38301-4450	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Ralph D. Jackson, III	-	Date of Receipt	
Mailing Address 6201 Bradford Dr		07 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: 5335512	
Alexandria	LA 71303	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) Dr. Kenneth F. Freer		Date of Receipt	
Mailing Address 4500 Green Valley R	Rd .	07 15 2009	
City <u>Fairfield</u>	State Zip Code CA 94534	Transaction ID: 5335513 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional)		750.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 77 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. John S. Kanyusik		Date of Receipt
Mailing Address 201 Indian Hill Rd		07 15 2009
City	State Zip Code	Transaction ID: 5335514
<u>Mankato</u>	MN 56001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Dr. Carlin L. Wiemers		Date of Receipt
Mailing Address 120 Mayan Way		07 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5335515
Mankato	MN 56001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Jason Roger Izzi		Date of Receipt
Mailing Address 46 Conifer Dr		07 15 2009
City North Providence	State Zip Code RI 02904	Transaction ID: 5335516 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	_	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 78 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17	
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and add	dress of any political committee to	solicit contributions from such committee.	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael B. Pickard Mailing Address 2809 Itani Dr			Date of Receipt	
	City Moscow	State ID	Zip Code 83843	Transaction ID: 5335517 Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	Occupatio Orthodor	ntist	250.00	
_	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Jimmy C. Boley Mailing Address 1106 High Vista Ln			Date of Receipt 0 7	
	City State		Zip Code	Transaction ID: 5335519	
	Richardson FEC ID number of contributing federal political committee.	C	75080-5708	Amount of Each Receipt this Period 250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
С.	Full Name (Last, First, Middle Initial) Dr. Ralph C. Del Priore	•		Date of Receipt	
	Mailing Address Mariane Ct			07 15 2009	
	City	State	Zip Code	Transaction ID: 5335520	
	Alpine FEC ID number of contributing federal political committee.	C	07620	Amount of Each Receipt this Period 250.00	
	Name of Employer Self-Employed	Occupatio Orthodor			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00		
	SUBTOTAL of Receipts This Page (optional)		······	750.00	
Ī	TOTAL This Period (last page this line number	only)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 79 / 251 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per the name and address of any political committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. John J. Sahlaney Mailing Address 425 Pine Valley Dr City Bridgeville	State Zip Code PA 15017	Date of Receipt M M M
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas H. Williams Mailing Address PO Box 1241	•	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5335522
Wewoka	OK 74884-1241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Lindsay Durham Limbaugh	•	Date of Receipt
Mailing Address 3009 Cobble Farms	s Dr SE	07 15 2009
City	State Zip Code	Transaction ID: 5335523
Hampton Cove FEC ID number of contributing federal political committee.	AL 35763	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ı)	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Ose separate seriedate(s)	
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and ad	dress of any political committee to	o solicit contributions from such committee.
\angle	Full Name (Last, First, Middle Initial)	1000011151	5 POLITICAL ACTION CON	//////////////////////////////////////
۸.	Dr. Vance J. Dykhouse Mailing Address 5485 NE Northgate Cr	ossing		Date of Receipt
	City	State	Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 5335524
	Lees Summit	MO	64064	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
— 3.	Full Name (Last, First, Middle Initial) Dr. Mitchell W. Pelsue			Date of Receipt
	Mailing Address 3922 Southwyck Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5335525
	<u>Janesville</u>	WI	53546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodo	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
 }.	Full Name (Last, First, Middle Initial) Dr. Tina S. Chung	<u> </u>		Date of Receipt
	Mailing Address 28 Hill Rd			07 15 2009
	City Emerson	State NJ	Zip Code 07630	Transaction ID: 5335526 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
ξ	SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 81 / 251 (check only one) X
	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Gayle Glenn			Date of Receipt
	Mailing Address 3922 Travis St #12	Olate	7. 0.4	07 15 2009
	City Dallas	State TX	Zip Code 75204	Transaction ID: 5335527 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	73204	500.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00	
 3.	Full Name (Last, First, Middle Initial) Dr. Loring L. Ross Mailing Address 212 81st Ave N	1		Date of Receipt
				07 15 2009
	City	State	Zip Code	Transaction ID: 5335528
	Myrtle Beach FEC ID number of contributing federal political committee.	SC	29572	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Scott Patrick Werner	I		Date of Receipt
	Mailing Address 5335 Normandy Rd			07 15 2009
	City	State	Zip Code	Transaction ID: 5335529
	Memphis FEC ID number of contributing federal political committee.	C	38120	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 82 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1	
A	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any per e name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION CC	MMITTEE	
	Full Name (Last, First, Middle Initial) Dr. Mark M. Dale		Date of Receipt	
	Mailing Address 3368 Colbert Ave NW		07 15 7 2009	
	City Buffalo	State Zip Code MN 55313	Transaction ID: 5335530	
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00	
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
	Full Name (Last, First, Middle Initial) Dr. Shawn Lehman-Grimes		Date of Receipt	
	Mailing Address 304 N Oak St		07 15 2009	
	City	State Zip Code	Transaction ID: 5335721	
	Springfield	TN 37172	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	250.00	
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
_	Full Name (Last, First, Middle Initial) Dr. Jay Lawless		Date of Receipt	
	Mailing Address 912 Fairway St		07 15 2009	
	City	State Zip Code	Transaction ID: 5335722	
	Bowling Green FEC ID number of contributing federal political committee.	KY 42103	Amount of Each Receipt this Period 250.00	
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Γ,	SUBTOTAL of Receipts This Page (optional)		750.00	

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В.

C.

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 83 / 251 (check only one)
ITEMIZED RECEIPTS		for each category of the	
		Detailed Summary Page	X 11a 11b 11c 12
			13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Kevin T. Race			Date of Receipt
Mailing Address N53 W34456 Rd Q			07 15 2009
City	State	Zip Code	Transaction ID: 5335723
Okauchee	WI	53069	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	riggi ogan	250.00	
Full Name (Last, First, Middle Initial) Dr. Donna J. Stenberg	1		Date of Receipt
Mailing Address 14575 N 119th St			07 15 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5335724
Stillwater	MN	55082	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio		
Receipt For:	Aggregate	e Year-to-Date V	
Primary General Other (specify) ▼	7 iggi ogaic	250.00	
Full Name (Last, First, Middle Initial) Dr. Jorge C. Coro	1		Date of Receipt
Mailing Address 5655 Granada Blvd			07 15 2009
City	State	Zip Code	Transaction ID: 5335725
Coral Gables	FL	33146-2603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:	Aggregate	e Year-to-Date	
Primary General	33 - 3 - 4		1
Other (specify)			
	0 0	250.00	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 84 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI			
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Robert B. Moss, Jr. Mailing Address 349 Hickory Grove Ro	State	Zip Code	Date of Receipt 0 7 1 5 2 0 0 9 Transaction ID: 5335727
	Leesburg FEC ID number of contributing federal political committee.	GA C	31763	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
 3.	Full Name (Last, First, Middle Initial) Dr. Stephen G. Alvis Mailing Address 132 Diamond Ct	.I.		Date of Receipt 0 7 1 5 2 0 0 9
	City Harrisonburg	State VA	Zip Code 22801	Transaction ID: 5335729 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Self-Employed	C	n	250.00
	Receipt For: Primary General Other (specify)	Orthodor Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. Michael A. Rogers Mailing Address 11246 Montaubon Wa	ay		Date of Receipt 0 7 1 5 2 0 0 9
	City San Diego FEC ID number of contributing	State CA	Zip Code 92131	Transaction ID: 5335730 Amount of Each Receipt this Period
	federal political committee. Name of Employer Self-Employed	Occupation		250.00
	Receipt For: Primary General Other (specify)	Orthodor Aggregate	e Year-to-Date ▼ 250.00	
[SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 85 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to	
AMERICAN ASSOCIATION OF OF	RTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas P. Rose		Date of Receipt
Mailing Address 9642 Featherhill Dr City	State Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 5335731
Villa Park	CA 92867	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael D. Lashgari		Date of Receipt
Mailing Address 8 Crown Pt		07 15 2009
City	State Zip Code	Transaction ID: 5335733
Canton	CT 06019-2644	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Jennifer L. Martin		Date of Receipt
Mailing Address 42 Gentle Creek PI		07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5335735
<u>Danville</u>	CA 94526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	I)	750.00
TOTAL This Period (last page this line num	·	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 86 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
Ai	ny information copied from such Reports and for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION CO	MMITTEE
· <u>/_</u>	Full Name (Last, First, Middle Initial) Dr. Kenneth Y. Kai		Date of Receipt
	Mailing Address PO Box 3136		07 15 2009
	City	State Zip Code	Transaction ID: 5335736
	San Jose	CA 95156	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Alan W. Irvin		Date of Receipt
	Mailing Address 106 Elmwood Dr		07 15 7 2009
	City	State Zip Code	Transaction ID: 5335737
	Greensboro	NC 27408	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Mark P. Hatala	<u> </u>	Date of Receipt
	Mailing Address 31 Virginia Ave		07 15 2009
	City	State Zip Code	Transaction ID: 5335738
	Binghamton	NY 13905	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
		1	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
or f	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. R. William Barnard Mailing Address 13670 Hamilton St			Date of Receipt
	City Omaha	State NE	Zip Code 68154	Transaction ID: 5335739 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00]
	Full Name (Last, First, Middle Initial) Dr. Theresa Lenise Clifton Mailing Address 222 Kanness Board			Date of Receipt
	Mailing Address 832 Kenmore Road	07 15 2009		
	City	State	Zip Code	Transaction ID: 5335740
	Chapel Hill	NC	27514	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Dr. Clayton L. Owen			Date of Receipt
	Mailing Address 21 Willow Dr			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5335741
	Cabot FEC ID number of contributing federal political committee.	AR C	72023	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	JBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 88 / 251 (check only one) X 11a			
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR			on for the purpose of soliciting contributions o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)	THODONIIST	3 FOLITIOAL ACTION CON	Date of Receipt			
Mailing Address 330 Bluffcrest			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State	Zip Code	Transaction ID: 5335744			
San Antonio	TX	78216	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupation Orthodon					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. George R. Babyak			Date of Receipt			
	Mailing Address 17710 SW 63rd Mn					
City	State	Zip Code	Transaction ID: 5335745			
Fort Lauderdale	FL	33331	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupation Orthodon					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]			
Full Name (Last, First, Middle Initial) Dr. Arthur Kaplan			Date of Receipt			
Mailing Address 6 Kempster Rd			07 15 2009			
City <u>Scarsdale</u>	State NY	Zip Code 10583	Transaction ID: 5335746 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		250.00			
Name of Employer Self-Employed	Occupation Orthodon		7			
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional	l)		750.00			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 89 / 251 (check only one) X
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT			
Full Name (Last, First, Middle Initial) Dr. Steven D. Peterson Mailing Address 5536 Lake Mendota C City	Or State	Zip Code	Date of Receipt 0 7 1 5 2 0 0 9 Transaction ID: 5335747
Madison FEC ID number of contributing federal political committee.	C	53705	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodon Aggregate		
Full Name (Last, First, Middle Initial) Dr. William P. O'Gara Mailing Address			Date of Receipt 0 7 1 5 2 0 0 9
City	State	Zip Code	Transaction ID: 5335748 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Bryan E. Taylor			Date of Receipt
Mailing Address 1966 Hambleton Dr			07 15 / Y Y Y Y Y Y Y
City Lorena	State TX	Zip Code 76655	Transaction ID: 5335749 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

ľ	TEMIZED RECEIPTS Any information copied from such Reports and Star for commercial purposes, other than using the results of the commercial purposes.	atements may	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 90 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17 In for the purpose of soliciting contributions
A .	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO Full Name (Last, First, Middle Initial) Dr. Robert W. Kidd, Ill Mailing Address PO Box 232			
	City Wyoming FEC ID number of contributing federal political committee.	State DE	Zip Code 19934	Transaction ID: 5335750 Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
— В.	Full Name (Last, First, Middle Initial) Dr. Barry M. Rosenberg Mailing Address 10 Norwood Rd City West Hartford FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State CT C Occupation Orthodor		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	250.00	
C.	Dr. Joseph E. Pezza Mailing Address 100 Pippin Orchard Rd City Cranston FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	State RI C Occupation Orthodor		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 91 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	Statements may not be sold or used by any person ename and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Robert B. Meyer Mailing Address 110 Widecombe Ct City Cary FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code NC 27513 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt O 7
Full Name (Last, First, Middle Initial) Dr. Stephen J. Belli Mailing Address 647 Rustic Knoll Dr City Kent FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code OH 44240 C Occupation Orthodontist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Lamon A. Stewart, Jr. Mailing Address 24 Chesapeake Landi City Annapolis FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	ng State Zip Code MD 21403 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 1 5 2 0 0 9 Transaction ID: 5335757 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) .		1000.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 92 / 251 (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
A.	Full Name (Last, First, Middle Initial) Dr. Tammy L. Meister Mailing Address 1605 Summit Ave City St Paul FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State MN C Occupation Orthodor		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
3.	Full Name (Last, First, Middle Initial) Dr. Patrick James Sabo Mailing Address 253 Shore Rd			Date of Receipt 0 7 1 5 2 0 0 9
	City Mount Sinai FEC ID number of contributing federal political committee.	State NY	Zip Code 11766	Transaction ID: 5335759 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodor Aggregate		
 ;.	Full Name (Last, First, Middle Initial) Dr. Robert J. Brown Mailing Address 8200 Crossgate Ct N			Date of Receipt 0 7 1 5 2 0 0 9
	City Dublin FEC ID number of contributing	State OH	Zip Code 43017	Transaction ID: 5335760 Amount of Each Receipt this Period
	federal political committee. Name of Employer Self-Employed	Occupation Orthodor		250.00
	Receipt For: Primary General Other (specify)		Year-to-Date ▼ 250.00	
s	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 93 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Clark L. Jones Mailing Address P O Box 562			Date of Receipt
City CAVE CREEK	State AZ	Zip Code 85327	Transaction ID: 5335762 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
Full Name (Last, First, Middle Initial) Dr. Thomas G. Wilson Mailing Address 1641 Plum Thicket L	_n		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5335764
West Des Moines	IA	50266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor	ntist	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Cramer L. Boswell	•		Date of Receipt
Mailing Address 19475 Kimberlin Rd			07 15 2009
City	State	Zip Code	Transaction ID: 5335767
Abingdon FEC ID number of contributing federal political committee.	C	24210	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	DULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 94 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any infor or for cor	mation copied from such Reports and smercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	E OF COMMITTEE (In Full) RICAN ASSOCIATION OF ORTI	HODONTIST	S POLITICAL ACTION COM	MMITTEE
Dr. St	lame (Last, First, Middle Initial) ephen R. Arehart			Date of Receipt
Mailin —— City	g Address 145 Nebraska Ave	State	Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 5335768
-	Ridge	TN	37830-6001	Amount of Each Receipt this Period
FEC	ID number of contributing al political committee.	C		250.00
Name Self-E	e of Employer Employed	Occupatio Orthodor		
	pt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
B. Dr. Ro	lame (Last, First, Middle Initial) bert Kazmierski	<u> </u>		Date of Receipt
	ng Address 181 Pheasant Fields I			07 15 2009
City		State	Zip Code	Transaction ID: 5335769
	restown	NJ	08057	Amount of Each Receipt this Period
	ID number of contributing al political committee.	C		250.00
Name Self-E	of Employer Employed	Occupatio Orthodor		
Recei	pt For: Primary ☐ General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
	lame (Last, First, Middle Initial) nomas A. Daniels			Date of Receipt
	g Address 11898 Moore Woods			07 15 2009
City		State	Zip Code	Transaction ID: 5335770
Rosc		<u>IL</u>	61073	Amount of Each Receipt this Period
	ID number of contributing al political committee.	С		250.00
	of Employer Employed	Occupatio Orthodor	ntist	
	pt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
SUBTO	TAL of Receipts This Page (optional) .			750.00
	This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for ea Detai	separate schedule(s) ach category of the led Summary Page sold or used by any perso	FOR LINE NUMBER: PAGE 95 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11 on for the purpose of soliciting contributions		
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O					
Full Name (Last, First, Middle Initial) Dr. Alexander Gerard Cassinelli Mailing Address 6571 Heritage Clu	o Ln		Date of Receipt 0 7 1 5 2 0 0 9		
City	State Zip	Code	07 15 2009 Transaction ID: 5335771		
Mason)40-4647	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		250.00		
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. John G. Kharouf			Date of Receipt		
	Mailing Address 23570 Wilderness Canyon Cir				
City Rapid City	State Zip SD 577	Code	Transaction ID: 5335772		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 250.00		
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Christopher K. Klein			Date of Receipt		
Mailing Address 3520 Piccadilly			07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City Mount Vernon		Code 864-2156	Transaction ID: 5335773 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodontist		7		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-	Date ▼ 250.00			
SUBTOTAL of Receipts This Page (option	al)		750.00		

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 96 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person ename and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. William J. McLendon Mailing Address 61 Old Mountain Rd City Powder Springs FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code GA 30073 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. John C. Ford Mailing Address 221 Winnetka Ave City Winnetka FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code IL 60093-4236 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Russell H. Ford Mailing Address 1348 Hazeline Lake E City Colorado Springs FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code CO 80921 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) .	250.00	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 97/251 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR		•	
Full Name (Last, First, Middle Initial) Dr. William K. Fravel			Date of Receipt
Mailing Address 2515 Kissam Ct			07 15 2009
City Orlando	State FL	Zip Code 32809	Transaction ID: 5335777 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	32003	250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James Pelletier	L		Date of Receipt
Mailing Address 4 Island Pond Rd			07 15 2009
City Dracut	State MA	Zip Code 01826	Transaction ID: 5335778 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01020	250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Eric R. Nease			Date of Receipt
Mailing Address 2455 E Main St			07 15 2009
City	State	Zip Code	Transaction ID: 5335779
Spartanburg FEC ID number of contributing federal political committee.	SC C	29307	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 98 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any personant of the name and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Albert J. Apicella Mailing Address 27 S Lewisberry Rd City Mechanicsburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code PA 17055 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Yumi Abei Mailing Address 909 5th Ave Unit1501 City Seattle FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code WA 98164-2031 C Occupation Orthodontist Aggregate Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Timothy G. Wilson Mailing Address 11429 Pleasant Valley City Smithsburg FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MD 21783 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M / D D / Y Y Y Y Y O 7 15 2009 Transaction ID: 5335782 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00

SCHEDULE A (FEC Form	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 99 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	orts and Statements may not be sold or used by any person using the name and address of any political committee to open or of the property of	
Full Name (Last, First, Middle Initial		
Dr. David C. Hamilton, Jr. Mailing Address 815 36th Ave	PI NW	Date of Receipt 0 7 1 5 2 0 0 9
City	State Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 5335783
Hickory	NC 28601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial Dr. Kerry W. Kirsch)	Date of Receipt
Mailing Address 928 Winterset	Rd	M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5335784
Ebensburg	PA 15931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial Dr. Elizabeth Christopherson)	Date of Receipt
Mailing Address 1622 Amberle	y Ct	0 7 1 5 2 0 0 9
City	State Zip Code	Transaction ID: 5335785
East Grand Rapids	MI 49506-4166	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (c	ptional)	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 100 / 251 (check only one) X 11a
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial)	THODONIISTS POLITICAL ACTION COM	VIVIIIIIEE
Dr. Richard D. Bloomstein Mailing Address 9 Penwood Road		Date of Receipt 0 7 1 5 2 0 0 9
City Livingston	State Zip Code NJ 07039-2607	Transaction ID: 5335787 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sidney M. Craft Mailing Address F827 Wanakah Dr.	I	Date of Receipt
Mailing Address 5827 Wanakah Dr		07 15 2009
City Houston	State Zip Code TX 77069	Transaction ID: 5335788
FEC ID number of contributing federal political committee.	TX 77069	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kolman P. Apt		Date of Receipt
Mailing Address 1300 Providence To	err	07 15 2009
City Mc Lean	State Zip Code VA 22101	Transaction ID: 5335790 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 22101	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional	ıl)	750.00
TOTAL This Period (last page this line num	·	

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 101 / 251 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
∠ 4 .	Full Name (Last, First, Middle Initial) Dr. Scott D. Hamilton Mailing Address 5621 SW Urish Rd			Date of Receipt 0 7
	City	State	Zip Code	Transaction ID: 5335791
	Topeka FEC ID number of contributing federal political committee.	C	66610	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
 3.	Full Name (Last, First, Middle Initial) Dr. Christopher M. Brieden Mailing Address 700 N Riverside			Date of Receipt 0 7 1 5 2 0 0 9
	City	State	Zip Code	Transaction ID: 5335792
	St Clair	MI	48079	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify)	1	e Year-to-Date ▼ 250.00	
- :.	Full Name (Last, First, Middle Initial) Dr. Jeri Lynnette Stull			Date of Receipt
	Mailing Address 55 Walden Lane			07 15 2009
	City	State	Zip Code	Transaction ID: 5335793
	Fort Thomas FEC ID number of contributing federal political committee.	C	41075	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Ţ	SUBTOTAL of Receipts This Page (optional)	1		1000.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or fo	information copied from such Reports and sor commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	AMERICAN ASSOCIATION OF ORT	HODONTISTS	S POLITICAL ACTION COI	MMITTEE
\ . <u></u>	Full Name (Last, First, Middle Initial) Dr. Kristin R. Lundquist			Date of Receipt
_	Mailing Address 61 Pine St Dity	State	Zip Code	0 7 1 5 2 0 0 9 Transaction ID: 5335794
	Mahtomedi	MN	55115	Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		250.00
N S	lame of Employer Self-Employed	Occupation Orthodon		
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3. <u>D</u>	Full Name (Last, First, Middle Initial) Dr. Richard E. McClung	-		Date of Receipt
_	Mailing Address RR 2 Box 272B			07 / 15 / 2009
	City	State	Zip Code	Transaction ID: 5335796
F	_ewisburg FEC ID number of contributing ederal political committee.	C	24901	Amount of Each Receipt this Period 250.00
N S	Name of Employer Self-Employed	Occupation Orthodon		
R	Receipt For: Primary General Other (specify) ♥	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Kathleen M. Burr			Date of Receipt
N	Mailing Address 119 West St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Hebron	State CT	Zip Code 06248	Transaction ID: 5335797 Amount of Each Receipt this Period
F	FEC ID number of contributing ederal political committee.	C		250.00
N S	lame of Employer Self-Employed	Occupation Orthodon		
R	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
		1		750.00

SCHEDULE I	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PA (check only one) X 11a 11b 11c 13 14 15	GE 103 / 251
Any information copor for commercial pu	rposes, other than using the n	tements may ame and ado	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting co	ntributions
AMERICAN A	SSOCIATION OF ORTHO	DONTIST	S POLITICAL ACTION COM	MITTEE	
Dr. Gary R. Wolf	First, Middle Initial)			Date of Receipt	
Mailing Address	204 S Main St			0 7 / D D / Y	2009
City Milan		State OH	Zip Code	Transaction ID: 533579	
FEC ID number of federal political c		C	44846-9761	Amount of Each Receipt to	250.00
Name of Employed	er	Occupation Orthodon			
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00		
Full Name (Last, Dr. DeWayne B. N	First, Middle Initial)			Date of Receipt	
Mailing Address	11 Ballard Bluff			07 / D D / Y	2009
City Signal Mounta	in	State TN	Zip Code 37377-2288	Transaction ID: 533580 Amount of Each Receipt to	
FEC ID number of federal political c	of contributing	C	OTOTA ELOG	Amount of Each recept to	500.00
Name of Employed	er	Occupation Orthodon			
Receipt For: Primary Other (spec	General	Aggregate	Year-to-Date ▼ 500.00		
Full Name (Last, Dr. Steven G. Gar	First, Middle Initial)			Date of Receipt	
Mailing Address	788 Johnston Ct			0 7 1 5	2009
City Winchester		State VA	Zip Code 22601	Transaction ID: 533580 Amount of Each Receipt ti	
FEC ID number of federal political c		C			250.00
Name of Employed	er	Occupation Orthodon		1	
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 250.00		
SUBTOTAL of Rec	ceipts This Page (optional)				1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	(1)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF OR	THODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Christopher Carlson Mailing Address 3902 Crescent View	ι Ανο		Date of Receipt
	Ave		07 15 2009
City Duluth	State MN	Zip Code	Transaction ID: 5335802
FEC ID number of contributing federal political committee.	C	55804	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. J. Scott Malone			Date of Receipt
Mailing Address 26 Eton Green Cir			07 15 2009
City	State	Zip Code	Transaction ID: 5335803
San Antonio	TX	78257	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Erin Kazmierski-Furno			Date of Receipt
Mailing Address 97 Algonquin Trail			07 15 2009
City Medford Lakes	State NJ	Zip Code 08055	Transaction ID: 5335804 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 105 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to PRTHODONTISTS POLITICAL ACTION COM-	
Full Name (Last, First, Middle Initial) Dr. Steven S. Sabatino		Date of Receipt
Mailing Address 15045 N 14th Ave		07 15 2009
City	State Zip Code	Transaction ID: 5335805
Phoenix FEC ID number of contributing federal political committee.	AZ 85023	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Lawrence S. Harte		Date of Receipt
Mailing Address 100 W Mount Plea	asant Ave	07 15 2009
City	State Zip Code	Transaction ID: 5335806
Livingston	NJ 07039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00]
Full Name (Last, First, Middle Initial) Dr. Joseph M. Arvay		Date of Receipt
Mailing Address 5 Blachley Cir		07 16 2009
City	State Zip Code	Transaction ID: 5335817
Mendham	NJ 07945	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

City State Zip Code TX 79423 FEC ID number of contributing federal political committee. Name of Employer Self-Employer General Ofther (specify) ▼ State Zip Code	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Benorts and	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 106 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
City State Zip Code TX 79423 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHUR STATE (In Full) Full Name (Last, First, Middle Initial) Dr. Joseph C. Forsman	he name and address of any political committee to	solicit contributions from such committee. IMITTEE Date of Receipt
Receipt For:	City Lubbock FEC ID number of contributing	TX 79423	Transaction ID: 5335818 Amount of Each Receipt this Period
Dr. Dwight D. Baker Mailing Address 3886 Westminster PI City State Zip Code Idaho Falls ID 83404 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Prill Name (Last, First, Middle Initial) Dr. Richard B. Lines Mailing Address 1909 W Relation City State Zip Code M M M / D D D Date of Receipt M M M / D D D Date of Receipt M M M / D D D D D D D D D D D D D D D D	Receipt For: Primary General	Orthodontist Aggregate Year-to-Date ▼	
Receipt For:	Dr. Dwight D. Baker Mailing Address 3886 Westminster P City Idaho Falls FEC ID number of contributing federal political committee.	State Zip Code ID 83404	Transaction ID: 5335819 Amount of Each Receipt this Period
Date of Receipt Mailing Address 1909 W Relation City State Zip Code Transaction ID: 5335820 Safford AZ 85546 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 5335820 Amount of Each Receipt this Period	Receipt For: Primary General	Aggregate Year-to-Date ▼	
Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Dr. Richard B. Lines Mailing Address 1909 W Relation City Safford FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	AZ 85546 C Occupation Orthodontist Aggregate Year-to-Date	Transaction ID: 5335820 Amount of Each Receipt this Period

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 / 25 (check only one) X
or for comm	tion copied from such Reports and S ercial purposes, other than using the F COMMITTEE (In Full) CAN ASSOCIATION OF ORTH	name and add	ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Nam	e (Last, First, Middle Initial)			Date of Receipt
	ddress 2102 Oakwood Ave			0 7 1 6 2 0 0 9
City <u>Bloomi</u> i	naton	State IL	Zip Code 61704	Transaction ID: 5335821 Amount of Each Receipt this Period
FEC ID r	number of contributing olitical committee.	C		250.00
Name of Self-Emp	Employer bloyed	Occupation Orthodon		
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Dr. J. Ker	e (Last, First, Middle Initial) ndall Dillehay ddress 1040 E 143rd St E			Date of Receipt
City		State	Zip Code	0 7 1 6 2 0 0 9 Transaction ID: 5335823
<u>Wichita</u>		KS	67230	Amount of Each Receipt this Period
	number of contributing olitical committee.	C		250.00
Name of Self-Emp	Employer bloyed	Occupation Orthodon		
	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Nam	e (Last, First, Middle Initial)			Date of Receipt
Mailing A	ddress 7 Dorolee Dr			07 16 YYYYY 2009
City	unswick	State NJ	Zip Code 08816	Transaction ID: 5335824 Amount of Each Receipt this Period
FEC ID r	number of contributing olitical committee.	C	00010	250.00
Name of Self-Emp	Employer bloyed	Occupation Orthodon		
	For: mary General ner (specify) ▼	. '	Year-to-Date ▼ 250.00	
CURTOTA	L of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 108 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial)	ORTHODONTISTS FOLITICAL ACTION CON	
Dr. Jack E. King Mailing Address 460 Rue Marseille	9	Date of Receipt 0 7 1 6 2 0 0 9
City	State Zip Code	07 16 2009 Transaction ID: 5335825
Dayton	OH 45429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Samuel B. King	I	Date of Receipt
Mailing Address 4136 Rondeau Ri	dge Dr	07 16 YYYYY 2009
City	State Zip Code	Transaction ID: 5335826
<u>Dayton</u>	OH 45429	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Frances M. Kray	L	Date of Receipt
Mailing Address 69 Countryside Li	n	07 16 YYYYY
City <u>Waynesboro</u>	State Zip Code VA 22980	Transaction ID: 5335827 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optic	nal)	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 109 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any pedress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION C	OMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Bruce P. McCoy			Date of Receipt
	Mailing Address 80 Waterford PI			07 16 YYYY 2009
	City	State	Zip Code	Transaction ID: 5335828
	Newnan	GA	30265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Kevin C. Duffy			Date of Receipt
	Mailing Address 10958 S 93rd East Ave	Э		07 16 2009
	City	State	Zip Code	Transaction ID: 5335830
	Tulsa FEC ID number of contributing federal political committee.	OK C	74133-2558	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Juan F. Rendon			Date of Receipt
	Mailing Address 344 Park Valley Dr			07 16 2009
	Coppell	State TX	Zip Code	Transaction ID: 5335832
	Coppell FEC ID number of contributing federal political committee.	C	75019	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	SUBTOTAL of Receipts This Page (optional)	<u> </u>		750.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 110 / 251 (check only one) X
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	e name and ad	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Michael D. Williams			Date of Receipt
	Mailing Address 130 Cedar Woods Tra			07 16 2009
	Capton	State GA	Zip Code	Transaction ID: 5335833
	Canton FEC ID number of contributing federal political committee.	C	30014	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Stephanie Combs	1		Date of Receipt
	Mailing Address 920 E 17th Ave	07 16 2009		
	City	State	Zip Code	Transaction ID: 5335835
	<u>Spokane</u>	WA	99203	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For:		e Year-to-Date V	
	Primary General Other (specify) ▼		250.00]
С.	Full Name (Last, First, Middle Initial) Dr. Clayton Scott Fuller	1		Date of Receipt
	Mailing Address 312 I Street			07 16 2009
	City	State	Zip Code	Transaction ID: 5335836
	Chula Vista	CA	91910	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		251.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General		e Year-to-Date ▼	1
	Other (specify) ▼		251.00	1
	SUBTOTAL of Receipts This Page (optional) .)	751.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 111 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Anthony Myers Puntillo		Date of Receipt
Mailing Address 1551 Hogan Ave		07 16 2009
Chapterton	State Zip Code IN 46304	Transaction ID: 5335838
Chesterton FEC ID number of contributing federal political committee.	IN 46304	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Dean P. Leonard	L	Date of Receipt
Mailing Address 1612 Bay Oaks Dr		07 17 2009
City Albert Lea	State Zip Code MN 56007-4203	Transaction ID: 5336127
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Albert M. Stush, Jr.		Date of Receipt
Mailing Address 468 Farm Hollow L	_n	07 17 2009
City	State Zip Code	Transaction ID: 5336128
Mifflinburg	PA 17844	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options	al)	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS Any information copied from such Reports a	for e Deta	separate schedule(s) ach category of the iled Summary Page sold or used by any perso	FOR LINE NUMBER: PAGE 112 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF C			
Full Name (Last, First, Middle Initial) Dr. Lee A. Mahlmann Mailing Address 1611 Fair Oaks Lr	1		Date of Receipt 0 7 1 7 2 0 0 9
City	State Zip	Code	Transaction ID: 5336129
Richmond	TX 77	469	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Floyd McGowan Collie			Date of Receipt
Mailing Address 1712 Craig St			07 17 2009
City	•	Code	Transaction ID: 5336130
Raleigh	NC 27	608	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. M. Gabrielle Thodas			Date of Receipt
Mailing Address 918 Laurelwood D			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City San Mateo		Code 403	Transaction ID: 5336131 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to	-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)		750.00

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 251
ITEMIZED RECEIPTS	for each category of the	(check only one)
II LIVIIZED RECEIP 13	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	• • • • • • • • • • • • • • • • • • • •	
` '	HODONTISTS POLITICAL ACTION CO	OMMITTEE
Full Name (Last, First, Middle Initial) Dr. Milton L. Matos		Date of Receipt
Mailing Address F-19 Cleveland St Par	kville	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5336132
Guaynabo	PR 00966	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Debra Fink		Date of Receipt
Mailing Address 7849 Balson		07 17 2009
City	State Zip Code	Transaction ID: 5336133
St Louis	MO 63130-1709	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) Dr. Robert N. Seebold	1	Date of Receipt
Mailing Address 5 Breezy Ct		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5336134
Danville	PA 17821-9114	
FEC ID number of contributing federal political committee.	C 1/021-9114	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
CURTOTAL of Descripto This Page (entires)		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 114 / 251 (check only one) X 11a
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person the name and address of any political committee to PRTHODONTISTS POLITICAL ACTION CO	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. George Menken Mailing Address 11 Elaine Dr		Date of Receipt
		07 17 2009
City New City	State Zip Code NY 10956-2604	Transaction ID: 5336135 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. S. Kendall Dunn		Date of Receipt
Mailing Address 256 Timberlane R	d	07 17 2009
City Pike Road	State Zip Code AL 36064	Transaction ID: 5336136 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Leigh Bayer Curtis		Date of Receipt
Mailing Address 1066 Windmill Dr		07 17 2009
City	State Zip Code	Transaction ID: 5336137
Fort Walton Beach	FL 32547-1457	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 115 / 251 (check only one)
	TENILED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements mag	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	DDONTIST	S POLITICAL ACTION COM	IMITTEE
∠ A .	Full Name (Last, First, Middle Initial) Dr. Melvyn M. Leifert			Date of Receipt
~.	Mailing Address 14 Rutland Rd			07 17 2009
	City	State	Zip Code	Transaction ID: 5336138
	Great Neck	NY	11020	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Clark D. Colville			Date of Receipt
	Mailing Address 136 Paseo Del Rio			07 17 2009
	City	State	Zip Code	Transaction ID: 5336139
	<u>Seguin</u>	TX	78155	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Larry C. Smedley			Date of Receipt
	Mailing Address 188 Pheasant Run Rd			07 17 2009
	City	State	Zip Code	Transaction ID: 5336140
	West Chester	PA	19380	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00
L			<u> </u>	

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 116 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, ot	ner than using the name and name and	may not be sold or used by any pers address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AIVIENICAN ASSOCIA	TION OF ONTHODOINT	313 FOLITICAL ACTION COI	WINTE
Full Name (Last, First, Mido Dr. Daniel C. Mallory			Date of Receipt
	eadowbrook Ct		07 17 2009
City	State TX	'	Transaction ID: 5336141
<u>Decatur</u> FEC ID number of contribut federal political committee.		76234	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupa	ation dontist	
Receipt For: Primary Ger Other (specify)		gate Year-to-Date ▼ 250.00	
Full Name (Last, First, Mido Dr. Peder A. Gaalaas	lle Initial)		Date of Receipt
Mailing Address 1007 N	W 4th Ave	07 17 2009	
City	State	Zip Code	Transaction ID: 5336143
Grand Rapids	MN	55744	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		250.00
Name of Employer Self-Employed	Occupa Ortho	ation dontist	
Receipt For: Primary Ger Other (specify) ▼	Aggreg	gate Year-to-Date ▼ 250.00	
Full Name (Last, First, Mido Dr. Dean M. Bartlett	lle Initial)		Date of Receipt
Mailing Address 177 Ha	rtman Rd		07 17 2009
City	State	•	Transaction ID: 5336144
Hudson Falls FEC ID number of contribut federal political committee.	ing NY	12839	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupa	ation dontist	
Receipt For: Primary Ger Other (specify) ▼		gate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	I		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Crieck Orlly Orle)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any the name and address of any political commit THODONTISTS POLITICAL ACTION	person for the purpose of soliciting contributions tee to solicit contributions from such committee. COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Erin L. McCutchen		Date of Receipt
Mailing Address 3101 Childers St		07 17 2009
City	State Zip Code	Transaction ID: 5336145
Raleigh FEC ID number of contributing federal political committee.	NC 27612	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Andrew B. Brown		Date of Receipt
Mailing Address 1102 Wyndegate Di	07 17 2009	
City	State Zip Code	Transaction ID: 5337498
Orange Park FEC ID number of contributing federal political committee.	FL 32073	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark P. Feinberg		Date of Receipt
Mailing Address 185 Sky Top Terr		07 17 2009
City Fairfield	State Zip Code CT 06432	Transaction ID: 5337499 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE Full Name (Last, First, Middle Initial) Dr. Adena M. Goldman Mailing Address 76 Hallberg Ave City Bergenfield NJ 07621-2618 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George M. Georgelis Mailing Address 1138 N Bristol Dr City State Zip Code Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. George M. Georgelis Mailing Address 1138 N Bristol Dr City State Zip Code PA 17543 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code Littiz PA 17543 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)					
Any information capied from such Reports and Sistements may not be sold or used by any person for the purpose of saliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Lill Name (Last, First, Middle Initial) Dr. Adena M. Goldman Mailing Address 76 Hallberg Ave City State City City State City Stat		•		for each category of the	(check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE A. Description of Political Committee		Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	ay not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
A. Full Name (Last, First, Middle Initial) Dr. Adena M. Goldman Mailing Address 76 Hallberg Ave City Bergenfield Size Zip Code Bergenfield FEC ID number of contributing federal political committee. Name of Emptyeer Bell-Employed Fell Name (Last, First, Middle Initial) Dr. George M. Georgalis Mailing Address 1138 N Bristol Dr City Littlz PA 17543 FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 5337500 Amount of Each Receipt this Period Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5337501 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5337501 Amount of Each Receipt this Period C Cocupation Orthodontist Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5337501 Amount of Each Receipt this Period Aggregate Year-to Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5337501 Amount of Each Receipt this Period Aggregate Year-to Date ▼ Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337501 Amount of Each Receipt this Period Transaction ID: 5337500 Transaction ID: 5337500 Transaction ID: 5337500 Transaction ID: 5337501 Amount of Each Receipt th	k			, , , , , , , , , , , , , , , , , , ,	
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Same of Employed Occupation Orthodontist		<u>Bergenfield</u>	NJ	07621-2618	Amount of Each Receipt this Period
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Primary General 250.00		Name of Employer Self-Employed			
B. Full Name (Last, First, Middle Initial) Dr. George M. Georgelis Mailing Address 1138 N Bristol Dr City State Zip Code PA 17543 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code PA 17543 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code Orthodontist Receipt For: Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Date of Receipt Initial Principle Self-Employed City State Zip Code Valdosta GA 31602 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code GA 31602 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code GA 31602 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Receipt For:	Aggregate	e Year-to-Date ▼	
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TEMIZED RECEIPTS					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) D. Steven P. Hearne Malling Address 5000 Gardner Ln City State Zip Code Transaction ID: 5337503 Amount of Each Receipt this Period Primary General Other (specify) ▼ State Zip Code Transaction ID: 5337503 Amount of Each Receipt this Period Transaction ID: 5337503 Amount of Each Receipt this Period Transaction ID: 5337503 Amount of Each Receipt this Period Primary General Other (specify) ▼ Cocupation Transaction ID: 5337505 Transaction ID: 5337505 Amount of Each Receipt this Period Transaction ID: 5337505 Transaction ID: 5337505 Amount of Each Receipt this Period Transaction ID: 5337505 Transaction ID: 5337505 Amount of Each Receipt this Period Transaction ID: 5337505 Transaction ID: 5337505 Transaction ID: 5337505 Transaction ID: 5337505 Amount of Each Receipt this Period Transaction ID: 5337505 Transaction ID: 5337505 Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506		•		for each category of the	(check only one)
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A. Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 5000 Gardner Ln City Suffolk VA 23434 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code VA 23434 Amount of Each Receipt this Period Period Primary General Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Primary General Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Other (specity) ▼ Date of Receipt Transaction ID: 5337505	\	NAME OF COMMITTEE (In Full)			
A. Dr. Steven P. Hearne Mailing Address 5000 Gardner Ln City State Zip Code Suffolk VA 29494 FEC ID number of contributing federal political committee. C		AMERICAN ASSOCIATION OF ORTH	IODONTIS1	TS POLITICAL ACTION CON	MMITTEE
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Name of Employer Self-Employer Aggregate Year-to-Date ▼		Suffolk	VA	23434	
Self-Employed Orthodontist Aggregate Year-to-Date ▼ 250.00 Pull Name (Last, First, Middle Initial) Dr. Robert (Tito) Alan Norris Mailing Address 244 Canada Verde			C		250.00
Primary General Other (specify) ▼ 250.00 Pull Name (Last, First, Middle Initial) Dr. Robert (Tito) Alan Norris		Name of Employer Self-Employed			
B. Full Name (Last, First, Middle Initial) Dr. Robert (Tito) Alan Norn's Mailing Address 244 Canada Verde City San Antonio TX 78232 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ C. Dr. Anthony €. Bisconti Mailing Address 4006 Via Cassia City Youngstown FEC ID number of contributing Other (specify) ▼ Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Primary General Date of Receipt Transaction ID: 5337505 Amount of Each Receipt this Period Primary General Date of Receipt Transaction ID: 5337506 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5337506 Amount of Each Receipt this Period Transaction ID: 5337506 Amount of Each Receipt this Period Primary General Orthodontist Receipt For: Primary General Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼			Aggregate	e Year-to-Date ▼	,
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FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist		City		Zip Code	Transaction ID: 5337505
Name of Employer Occupation Orthodontist		San Antonio	TX	78232	Amount of Each Receipt this Period
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Other (specify) 250.00					
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SUBTOTAL of Receipts This Page (optional)		SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 120 / 251 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
. <u>/</u>	Full Name (Last, First, Middle Initial) Dr. Henry DiLorenzo			Date of Receipt
	Mailing Address 1201 Swan Harbour C			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Fort Washington	State MD	Zip Code 20744	Transaction ID: 5337508
	FEC ID number of contributing federal political committee.	C	20/44	Amount of Each Receipt this Period 250.00
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	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- 3.	Full Name (Last, First, Middle Initial) Dr. Richard A. Hovda Mailing Address 7020 Hillcrest Dr	1		Date of Receipt
	City	07 17 2009		
	Wausau	State WI	Zip Code 54401	Transaction ID: 5337509 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	34101	250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
. –	Full Name (Last, First, Middle Initial) Dr. Richard P. Fisher			Date of Receipt
	Mailing Address 451 Marnie Ln			07 17 YYYY 2009
	City	State	Zip Code	Transaction ID: 5337510
	Peshtigo	WI	54157	Amount of Each Receipt this Period
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A	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perse name and address of any political committee the HODONTISTS POLITICAL ACTION CO	son for the purpose of soliciting contributions o solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) Dr. Gregory A. Johnson		Date of Receipt
	Mailing Address 7637 Ballenshire S. Di		07 17 2009
	City Indianapolis	State Zip Code IN 46254	Transaction ID: 5337511 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis Mailing Address 10 Poliquin Dr	Date of Receipt	
			07 17 2009
	City	State Zip Code	Transaction ID: 5337513
	Nashua FEC ID number of contributing federal political committee.	NH 03062	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Louis G. Chmura		Date of Receipt
	Mailing Address 604 Laura Ln		07 17 2009
	City Morehall	State Zip Code	Transaction ID: 5337514
	Marshall FEC ID number of contributing federal political committee.	MI 49068	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	SURTOTAL of Receipts This Page (optional)		750.00

В.

C.

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 122 / 251 (check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a				
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)	0001:7:5	O DOLUTION ACTION CO.					
AMERICAN ASSOCIATION OF ORTHO	AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMM						
Full Name (Last, First, Middle Initial) Dr. Brent G. Bills							
Mailing Address 2241 Sinks Canyon Rd	Mailing Address 2241 Sinks Canyon Rd						
City	State	Zip Code	Transaction ID: 5337516				
Lander	WY	82520-0409	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self-Employed	Occupation Orthodor						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
Full Name (Last, First, Middle Initial) Dr. Oliver Lee Willham			Date of Receipt				
Mailing Address 233 S 26th			07 17 2009				
City	State	Zip Code	Transaction ID: 5337517				
West Des Moines	IA	50265	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		250.00				
Name of Employer Self-Employed	Occupation Orthodor						
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		250.00					
Full Name (Last, First, Middle Initial) Dr. John L. Schuler			Date of Receipt				
Mailing Address 4017 Tangleoaks Ct			07 17 2009				
City	State	Zip Code	Transaction ID: 5337518				
Peoria FEC ID number of contributing federal political committee.	C	61615	Amount of Each Receipt this Period 250.00				
Name of Employer Self-Employed	Occupation						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)			750.00				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 123 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person he name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. D. Briar Diggs Mailing Address 4875 Heaven's Gate City Missoula FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code MT 59803 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Paul M. Hobday Mailing Address 4720 Yuma Ln N City Plymouth FEC ID number of contributing federal political committee.	State Zip Code MN 55446	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Dr. David C. Gehring Mailing Address 3805 Green Valley L City Toddville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code IA 52341 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 124 / 251 (check only one) X 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Akash Pandya			Date of Receipt
Mailing Address 7726 Terraview Ct			07 17 2009
City	State	Zip Code	Transaction ID: 5337522
<u>Hanover</u>	MD	21076	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:		e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. David Edward Dykhouse			Date of Receipt
Mailing Address			07 17 2009
City	State	Zip Code	Transaction ID: 5337524
Lee's Summit	MO	64064	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ross L. Crist			Date of Receipt
Mailing Address 1204 N Pikes Peak C	Cir		07 17 YYYY 2009
City	State	Zip Code	Transaction ID: 5337525
Sioux Falls	SD	57103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)			1500.00

TEMIZED RECEIPTS				_		
Any information copied from such Reports and Statements may not be sold or sold to purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. Pull Name (Last, First, Middle Initial) Date of Receipt FEC ID number of contributing (clearly political committee) Pull Name of Employed Self-Employed Transaction ID: 5337590 Amount of Each Receipt this Period AL 36420 FEC ID number of contributing (clearly political committee) B. Dr. Kimberly J. Ward Mailing Address Route 6 Box 3007 City State Zip Code AL 36420 Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337530 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Transaction ID: 5337531 Transaction ID: 5337531 Transaction ID: 5337531 Transaction I		•		for each category of the	(check only one)	
NAME OF COMMITTEE (In Full)				Detailed Summary Page		
A. AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Rana Barakat Mailing Address 1314 Millfarm Dr City State Zip Code VA 22182 FEC ID number of contributing federal political committee. Perce of the primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Kimberly J. Ward Mailing Address Route 6 Box 3007 City State Zip Code Andalusia AL 36420 FEC ID number of contributing federal political committee. Percept For: Perimary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Kimberly J. Ward Mailing Address Route 6 Box 3007 City State Zip Code Andalusia AL 36420 FEC ID number of contributing federal political committee. Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Coccupation Orthodontist Receipt For: Perimary General	An or	y information copied from such Reports and Str for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
Date of Receipt Date of Receipt Date of Re		,	ODONTIST	S POLITICAL ACTION COM	IMITTEE	
City State Zip Code Vienna VA 22182 FEC ID number of contributing federal political committee. Name of Employer Self-Employed General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Kimberly J. Ward Mailing Address Route 6 Box 3007 City State Zip Code Andalusia AL 36420 Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337530 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337530 Transaction ID: 5337	∠ A.	,			Date of Receipt	
Vienna		Mailing Address 1314 Millfarm Dr				
FEC ID number of contributing federal political committee. Name of Employer Self-Employer Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ State Zip Code Andalusia AL 36420 FEC ID number of contributing federal political committee. Name of Employer Self-Employer Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5337530 Amount of Each Receipt this Period Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5337530 Amount of Employer Self-Employer Self-Employer Self-Employed Transaction ID: 5337531 Date of Receipt Tor: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5337531 Date of Receipt Tor: Primary General Transaction ID: 5337531 Date of Receipt Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Aggregate Year-to-Date ▼ Primary General Occupation Orthodontist Aggregate Year-to-Date ▼				Zip Code	Transaction ID: 5337529	
Solution Cocupation Cocupation Cocupation Cothodontist Company Cocupation Cothodontist Cotho		Vienna	VA	22182	Amount of Each Receipt this Period	
Self-Employed ' Orthodontist Receipt For:			C		500.00	
Primary General Other (specify) ▼ 500.00 B. Full Name (Last, First, Middle Initial) Dr. Kimberly J. Ward Malling Address Route 6 Box 3007 City State Zip Code Andalusia AL 36420 FEC ID number of contributing federal political committee. Name of Employer Self-Employed C. Dr. Walter Thomas Patitson Mailing Address 12219 S Fox Den Dr City State Zip Code Al 36420 Amount of Each Receipt this Perioc Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 5337530 Amount of Each Receipt this Perioc Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 5337531 Date of Receipt Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc Transaction ID: 5337531 Amount of Each Receipt this Perioc C. Dr. Walter Thomas Patitson Mailing Address 12219 S Fox Den Dr City State Zip Code Knoxville TN 37934 Amount of Each Receipt this Perioc PEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Aggregate Year-to-Date ▼		Name of Employer Self-Employed				
B. Dr. Kimberly J. Ward Mailing Address Route 6 Box 3007 City State Zip Code Andalusia AL 36420 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00 City State Zip Code AL 36420 Amount of Each Receipt this Period Cocupation Orthodontist Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 5337530 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 5337530 Amount of Each Receipt this Period 250.00 Date of Receipt Transaction ID: 5337531 Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period 250.00		Primary General	Aggregate			
Mailing Address Route 6 Box 3007 City State Zip Code AL 36420 FEC ID number of contributing federal political committee. Receipt For: Primary General Other (specify) ▼ C. Dity State Zip Code AL 36420 Amount of Each Receipt this Period Primary General Other (specify) ▼ C. Dity State Zip Code Transaction ID: 5337530 Amount of Each Receipt this Period Primary General Other (specify) ▼ C. Dity State Zip Code Transaction ID: 5337531 Knoxville TN 37934 FEC ID number of contributing federal political committee. Name of Employer General Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist	 R				Date of Receipt	
Andalusia AL 36420 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ C. Dity State Zip Code Knoxville Knoxville TN 37934 FEC ID number of contributing federal political committee. C. Dity State Zip Code Knoxville TN 37934 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Occupation Orthodontist Receipt For: Primary General Amount of Each Receipt this Period Transaction ID: 5337531 Amount of Each Receipt this Period Occupation Orthodontist Aggregate Year-to-Date ▼			M M / D D / Y Y Y Y			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Walter Thomas Pattison Mailing Address 12219 S Fox Den Dr City State Zip Code TN 37934 FEC ID number of contributing federal political committee. PEC ID number of contributing federal political committee. Name of Employer Self-Employed Name of Employer Self-Employed Receipt For: Primary General Aggregate Year-to-Date ▼ 250.00		City	State	Zip Code	Transaction ID: 5337530	
Federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ C. Dr. Walter Thomas Pattison Mailing Address 12219 S Fox Den Dr City State Zip Code TN 37934 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Occupation Orthodontist Aggregate Year-to-Date ▼ Date of Receipt M M M / D 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Andalusia	AL	36420	Amount of Each Receipt this Period	
Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Walter Thomas Pattison Mailing Address 12219 S Fox Den Dr City State Zip Code Knoxville TN 37934 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 5337531 Amount of Each Receipt this Period 250.00		FEC ID number of contributing federal political committee.	C		250.00	
Primary General Other (specify) ▼ Primary Other (specify) ▼ Date of Receipt Date		Name of Employer Self-Employed				
C. Full Name (Last, First, Middle Initial) Dr. Walter Thomas Pattison Mailing Address 12219 S Fox Den Dr City State Zip Code Knoxville TN 37934 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Date of Receipt M M M / D D / Y Y Y Y O O 7 17 2 0 0 Transaction ID: 5337531 Amount of Each Receipt this Period 250.00			Aggregate	e Year-to-Date ▼		
C. Dr. Walter Thomas Pattison Mailing Address 12219 S Fox Den Dr City State Zip Code Knoxville TN 37934 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Date of Receipt M M M O O 7 1 7 2 0 0 Transaction ID: 5337531 Amount of Each Receipt this Period 250.0				250.00		
City State Zip Code Knoxville TN 37934 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Primary General O 7 1 7 2 0 0 Transaction ID: 5337531 Amount of Each Receipt this Period 250.0	 С.	,			Date of Receipt	
Knoxville TN 37934 Amount of Each Receipt this Period 250.0 Page 1 Amount of Each Receipt this Period 250.0 C C C C C C C C C C C C C		Mailing Address 12219 S Fox Den Dr				
Federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Aggregate Year-to-Date 250.00		-		·	Transaction ID: 5337531 Amount of Each Receipt this Period	
Receipt For: Primary General Aggregate Year-to-Date 750.00			C		250.00	
Primary General 350.00		Name of Employer Self-Employed				
		Primary General	Aggregate			
SUBTOTAL of Receipts This Page (optional)	SI	JBTOTAL of Receipts This Page (optional)			1000.00	

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 126 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME C	ation copied from such Reports and St nercial purposes, other than using the DF COMMITTEE (In Full) ICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions o solicit contributions from such committee.
City Brookli FEC ID federal p Name of Self-Em Receipt	number of contributing political committee. f Employer aployed	State MA C Occupation Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Dr. Barto Mailing A City Lebance FEC ID federal p Name of Self-Em Receipt Pri	number of contributing political committee. f Employer aployed	State OH C Occupation Orthodor		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City FEC ID federal p Name of Self-Em Receipt	number of contributing political committee. f Employer aployed	State C Occupation Orthodor Aggregate		Date of Receipt O 7
SUBTOTA	AL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 127 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	he name and add	dress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Bruce K.A. Dormanen Mailing Address 2377 Cherrywood Ro City Hopkins	d State MN	Zip Code 55305	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodor Aggregate		
Full Name (Last, First, Middle Initial) Dr. Donald L. Feldman Mailing Address 10 N Hill Dr			Date of Receipt 0 7 2 1 2 0 0 9
City	State	Zip Code	Transaction ID: 5343836
<u>Lynnfield</u>	MA	01940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor	ntist	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tanya N. Glidden			Date of Receipt
Mailing Address 5 Cranberry Ln	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
City Kennebunk	State ME	Zip Code	Transaction ID: 5343837
FEC ID number of contributing federal political committee.	C	04043	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 128 / 251 (check only one) X 11a 11b 11c 12	
Any information co	opied from such Reports and State	ments may not be sold or used by any perso	n for the purpose of soliciting contributions	
NAME OF CO	MMITTEE (In Full)	ne and address of any political committee to		
Full Name (Las A. Dr. Paul J. Lund	st, First, Middle Initial)		Date of Receipt	
Mailing Addres		0 7 2 1 2 0 0 9		
City		State Zip Code	Transaction ID: 5343838 Amount of Each Receipt this Period	
FEC ID numbe federal political	er of contributing committee.	C	250.00	
Name of Employed	<i>'</i>	Occupation Orthodontist		
Receipt For: Primary Other (sp	General pecify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Las B. Dr. Michael H. F	st, First, Middle Initial) Payne	Date of Receipt		
Mailing Addres	s 4410 Chicago Ave	07 21 2009		
City		State Zip Code	Transaction ID: 5343839	
<u>Fair Oaks</u>		CA 95628	Amount of Each Receipt this Period	
FEC ID numbe federal political	er of contributing committee.	C	250.00	
Name of Employed	pyer	Occupation Orthodontist		
Receipt For:		Aggregate Year-to-Date ▼		
Primary Other (sp	☐ General Decify) ▼	250.00		
Full Name (Las Dr. Gina B. Pina	st, First, Middle Initial) amonti		Date of Receipt	
Mailing Addres	s 1108 S College		07 21 7 2009	
City <u>Pittsburg</u>		State Zip Code KS 66762	Transaction ID: 5343840 Amount of Each Receipt this Period	
FEC ID numbe federal political	er of contributing committee.	C	250.00	
Name of Employed	pyer	Occupation Orthodontist		
Receipt For: Primary Other (sp	General pecify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of R	eceipts This Page (optional)	>	750.00	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 129 / 251 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using to	d Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR		• •	
Full Name (Last, First, Middle Initial) Dr. W. Scott Robinson			Date of Receipt
Mailing Address 509 Thilly	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 5343841
Columbia	MO	65203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert D. Scott, Jr.	'		Date of Receipt
Mailing Address 20 Mine Brook Rd	07 21 2009		
City	State	Zip Code	Transaction ID: 5343842
Colts Neck	NJ	07722	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼	0 0	250.00]
Full Name (Last, First, Middle Initial) Dr. Bradley D. Smith			Date of Receipt
Mailing Address 645 Woodvalley Dr	07 21 2009		
City	State	Zip Code	Transaction ID: 5343843
Pittsburgh	PA	15238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 130 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT			
Full Name (Last, First, Middle Initial) Dr. James M. Welden, Jr. Mailing Address 104 Lancaster Ct City Dothan FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State AL C Occupation Orthodor	ntist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Alfred C. Griffin, Jr. Mailing Address 8498 Opal Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5343846
Warrenton	VA	20186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sally A. Gupton			Date of Receipt
Mailing Address 970 Gladastry Ln			07 21 2009
City	State	Zip Code	Transaction ID: 5343847
Lower Gynedd	PA	19002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 131 / 251 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Seth C. Kleinrock Mailing Address 5 Milbar Heath		Date of Receipt 0 7
City Hewlett FEC ID number of contributing	State Zip Code NY 11557	Transaction ID: 5343848 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Carlos M. Munoz Mailing Address	Date of Receipt 0 7 2 1 2 0 0 9	
City FEC ID number of contributing	State Zip Code	Transaction ID: 5343849 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael A. Prisco Mailing Address 1019 Washington A	Ave	Date of Receipt
City Pelham FEC ID number of contributing federal political committee.	State Zip Code NY 10803	Transaction ID: 5343850 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional	al)	750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 132 / 251 (check only one) X
A 0	ny information copied from such Reports and r for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be e name and address o	e sold or used by any pers f any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTISTS PO	LITICAL ACTION COI	MMITTEE
۸.	Full Name (Last, First, Middle Initial) Dr. Deborah Bassham	Date of Receipt		
	Mailing Address 20111 Galen Dr	Stato 7	n Codo	07 21 2009
	City Abingdon		p Code 4211	Transaction ID: 5343851 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	72.11	250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-t	o-Date ▼ 250.00	
 3.	Full Name (Last, First, Middle Initial) Dr. William R. Parks			Date of Receipt
	Mailing Address 25 Museum Dr	07 21 2009		
	City		p Code	Transaction ID: 5343852
	Newport News FEC ID number of contributing federal political committee.	VA 2	3601	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Shannon Simons	- L		Date of Receipt
	Mailing Address 26 Waverly Pl			07 21 2009
	City <u>Metairie</u>		p Code 0003	Transaction ID: 5343854 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify)	Aggregate Year-t	o-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional) .	1		750.00

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	rm 3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 133 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
NAME OF COMMITTEE (In Full)	ay not be sold or used by any persoldress of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Ini Dr. Devon R. Cook		101 021110/12/1011011 00	Date of Receipt
Mailing Address 108 Reston	Drive		07 21 2009
City	State	Zip Code	Transaction ID: 5343856
Newburgh FEC ID number of contributing federal political committee.	C	47630	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ini Dr. Cory Blake Edwards			Date of Receipt
Mailing Address 163 Birch C	reek Dr		07 21 2009
City <u>Birmingham</u>	State AL	Zip Code 35242	Transaction ID: 5343857 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Ini Dr. Michael J. Erhart	tial)		Date of Receipt
Mailing Address 2523 Fairba	inks Ct.		07 21 2009
City Naperville	State IL	Zip Code 60540	Transaction ID: 5343858 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupati Orthodo		
Receipt For: Primary General Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page	e (optional)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 134 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Paul A. DiFranco, Jr. Mailing Address 213 N Dee Rd City Park Ridge FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code L 60068-5106 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt 0 7 2 1 2 0 0 9 Transaction ID: 5343860 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. R. Cree Hamilton Mailing Address 1900 Fox Canyon C City Las Vegas		Date of Receipt M M
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. David D. Feuer Mailing Address 757 Harbour Isles P City North Palm Beach FEC ID number of contributing federal political committee.	State Zip Code FL 33410	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional		750.00

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 135 / 251 (check only one) X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Stat or for commercial purposes, other than using the na	ements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHO	DONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Anthony C. Broccoli, Jr. Mailing Address 5 Shipman Rd			Date of Receipt 0 7 2 4 2 0 0 9
City Andover	State MA	Zip Code 01810	Transaction ID: 5346228 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	0.0.0	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Thomas James Longos Mailing Address 52 Birdie Ct			Date of Receipt 0 7 2 4 2 0 0 9
City Edwardsville	State IL	Zip Code	Transaction ID: 5346230
FEC ID number of contributing federal political committee.	C	62025	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. J. Joseph Hannah			Date of Receipt
Mailing Address 4910 W 87th Ter City	State	Zip Code	07 24 2009
Prairie Village	KS	66207	Transaction ID: 5346231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

Mailing Address 14163 Juniper St City Leawood KS 66224 FEC ID number of contributing federal political committee. Name of Employer Self-Employer City Dr. Thomas A. Moryl Mailing Address 150 EMS T36 Lane City Leesburg FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 5346232 Amount of Each Receipt this Period Z50.00 Date of Receipt Transaction ID: 5346233 Date of Receipt Transaction ID: 5346233 Amount of Each Receipt this Period City State Zip Code IN 46538-9169 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)					_
Any information capital from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commencial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full)		•		for each category of the	(check only one) X 11a 11b 11c 12
NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Name (Last, First, Middle Initial) Dr. Jay M. Oligen		Any information copied from such Reports and S or for commercial purposes, other than using the	tatements ma	ay not be sold or used by any persideress of any political committee t	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Dr. Jay M. Oligon Malling Address 14163 Juniper St City Leawood KS 68224 FEC ID number of contributing ideral political committee. B. Di Thomas A Mory! Malling Address 150 EMS T36 Lane City State Zip Code Lessburg General Other (specify) ▼ 250.00 Date of Receipt FEU Name (Last, First, Middle Initial) Dr. Thomas A Mory! Malling Address 150 EMS T36 Lane City State Zip Code Lessburg IN 46538-9169 FEU D number of contributing ideral political committee. Name of Employer Self-Employed C C Decupation Optinodomitst Receipt For: Primary General Optinodomitst C Date of Receipt Transaction ID: 5346233 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346233 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346233 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Transaction ID: 5346234 Transaction ID: 5346234 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Transaction ID				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
A. Dr. Jay M. Cilgen Mailing Address 14163 Juniper St City State Zip Code KS 66224 FEC ID number of contributing rederal political committee. Name of Employer State Zip Code Leasburg In In Aggregate Year-to-Date ▼ Primary General Orthodontist Leasburg In In Aggregate Year-to-Date ▼ Primary General Orthodontist Leasburg In In Aggregate Year-to-Date ▼ Primary General In Aggregate Year-to-Date ▼ City State Zip Code Leasburg In Aggregate Year-to-Date ▼ Primary General Orthodontist Receipt For: Primary General Orthodontist Aggregate Year-to-Date ▼ Full Name (Last, Fret, Middle Initial) Dr. Thomasoution ID: 5346233 Amount of Each Receipt In Seried Z50.00 Date of Receipt Transaction ID: 5346233 Amount of Each Receipt In Seried Aggregate Year-to-Date ▼ Full Name (Last, Fret, Middle Initial) Dr. William Norman Prillaman, II Mailing Address 1353 Thompson Ln City State Zip Code Forest VA 24551-4283 FEC ID number of contributing lederal political committee. C C C Cocupation Orthodontist Receipt For: Primary General Orthodontist Receipt For: Primary General Orthodontist Aggregate Year-to-Date ▼		AMERICAN ASSOCIATION OF ORTH	IODONTIST	TS POLITICAL ACTION CO	MMITTEE
City State Zip Code Leawood KS 66224 FEC ID number of contributing federal political committee. Name of Employer Self-Employed C C C C C C C C C	Α.	,			Date of Receipt
LeawOod KS 66224		Mailing Address 14163 Juniper St			
FEC ID number of contributing rederal political committee. C		City		Zip Code	Transaction ID: 5346232
Same of Employer Occupation Orthodontist		Leawood	KS	66224	Amount of Each Receipt this Period
Self-Employed Receipt For:			C		250.00
Primary General Cither (specify)		Name of Employer Self-Employed			
B. Full Name (Last, First, Middle Initial) Dr. Thomas A. Mory! Mailing Address 150 EMS T36 Lane City State Zip Code IN 46538-9169 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City Primary General Other (specify) ▼ Date of Receipt Not y 2 4 y 2 0 0 9 Transaction ID: 5346233 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Transaction ID: 5346233 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346233 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346233 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Amount of Each Receipt Transaction ID: 5346234 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5346234 Amount of Each Receipt this Period Transaction ID: 5346234 Amount of Each Receipt this Period Transaction ID: 5346234 Amount of Each Receipt this Period Transaction ID: 5346234 Amount of Each Receipt this Period 250.00		Receipt For:	Aggregate	e Year-to-Date ▼	
B. Dr. Thomas A Monyl Mailing Address 150 EMS T36 Lane City State Zip Code IN 46538-9169 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code Other (specify) ▼				250.00	
City State Zip Code IN 46538-9169 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ State Zip Code VA 24551-4283 FEC ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Date of Receipt Ton VA 24551-4283 Forest VA 24551-4283 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Transaction ID: 5346234 Amount of Each Receipt this Period Transaction ID: 5346234 Amount of Each Receipt this Period 250.00	- В.				Date of Receipt
Leesburg IN 46538-9169 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Date of Receipt Primary Pr		Mailing Address 150 EMS T36 Lane			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ State Zip Code VA 24551-4283 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Ctity State Zip Code VA 24551-4283 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼				Zip Code	Transaction ID: 5346233
Self-Employer Occupation Orthodontist		<u>Leesburg</u>	<u>IN</u>	46538-9169	Amount of Each Receipt this Period
Receipt For:		FEC ID number of contributing federal political committee.	С		250.00
Primary General Other (specify) ▼		Name of Employer Self-Employed			
C. Dr. William Norman Prillaman, II Mailing Address 1353 Thompson Ln City State Zip Code Forest VA 24551-4283 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5346234 Amount of Each Receipt this Period 250.00		Primary General	Aggregate		
Mailing Address 1353 Thompson Ln City State Zip Code Transaction ID: 5346234 Forest VA 24551-4283 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	- С.	, , ,			Date of Receipt
Forest VA 24551-4283 Amount of Each Receipt this Period Primary General Other (specify) Other (specify) Other (specify) VA 24551-4283 Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00 250.00		Mailing Address 1353 Thompson Ln			07 24 2009
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) Occupation Orthodontist Aggregate Year-to-Date 250.00		City		Zip Code	Transaction ID: 5346234
Receipt For: Primary Other (specify) ▼ Occupation Orthodontist Aggregate Year-to-Date 250.00 Aggregate Year-to-Date 250.00		Forest	VA	24551-4283	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			С		250.00
Primary General Other (specify) ▼ 250.00		Name of Employer Self-Employed			
Other (specify) 250.00			Aggregate	e Year-to-Date	
SUBTOTAL of Receipts This Page (optional)				250.00	
		SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 137 / 251 (check only one) X		
Any information copied from such Reports or for commercial purposes, other than us	s and Statements may not be sold or used by any persoing the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF	ORTHODONTISTS POLITICAL ACTION COM	MITTEE		
Full Name (Last, First, Middle Initial) Dr. Robert F. Garrison		Date of Receipt		
Mailing Address 231 Palmer Dr		07 24 7 2009		
City	State Zip Code	Transaction ID: 5346235		
Lexington	SC 29072-8116	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Carolyn Melita		Date of Receipt		
Mailing Address 17 Milford St #3		07 24 2009		
City	State Zip Code	Transaction ID: 5346236		
Boston	MA 02118	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00			
Full Name (Last, First, Middle Initial) Dr. L. Donald Mayer		Date of Receipt		
Mailing Address 500 N Jackson A	At Guadalupe	07 24 2009		
City	State Zip Code	Transaction ID: 5346237		
La Grange	TX 78945-2041	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	250.00		
Name of Employer Self-Employed	Occupation Orthodontist			
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify) ▼	250.00			
SURTOTAL of Receints This Page (opti-	onal)	1500.00		
	umber only)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 138 / 251 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O			
Full Name (Last, First, Middle Initial) Dr. Jerry F. Cash			Date of Receipt
Mailing Address 5138 S Pratt			0 7 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 5346238
Springfield FEC ID number of contributing federal political committee.	MO C	65804	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Benjamin F. Lowe, Jr.	I		Date of Receipt
Mailing Address 309 Stonewyck Dr			07 24 2009
City Burlington	State NC	Zip Code 27215	Transaction ID: 5346239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11111111111	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John L. Studer			Date of Receipt
Mailing Address 5805 Doe Run Ln			07 24 2009
City	State	Zip Code	Transaction ID: 5346241
Brenham FEC ID number of contributing federal political committee.	C	77833	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	 	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (options			750.00

SCHEDULE A (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 139 / 251
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	(check only one)
II EMIZED RECEIP 15	Detailed Summary Page	X 11a 11b 11c 12
		13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pe e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION CO	DMMITTEE
Full Name (Last, First, Middle Initial) A. Dr. Anthony W. Durall		Date of Receipt
Mailing Address #9 Hilltop Dr		07 24 2009
City	State Zip Code	Transaction ID: 5346242
Owensboro	KY 42303-2739	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		¬
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) B. Dr. Robert James Bray		Date of Receipt
Mailing Address 255 36th St S		0 7 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5346244
Brigantine	NJ 08203	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Dr. Maston R. McCorkle, Jr.		Date of Receipt
Mailing Address 3215 Allendale St SW	I	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5346245
Roanoke	VA 24014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		1000.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Check only one) PAGE 140 / 251		
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	THODONTIST	'S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Kimber DeWitt			Date of Receipt
Mailing Address 4272 S Meridian			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5346246
Mount Pleasant	MI	48858	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Hyue Kyung Kwon			Date of Receipt
Mailing Address 6327 Wilmington Di			07 24 2009
City	State	Zip Code	Transaction ID: 5346247
Burke	VA	22015-4070	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) Dr. Kenneth M. Hrechka			Date of Receipt
Mailing Address 7201 Ludwood Ct			07 24 2009
City	State	Zip Code	Transaction ID: 5346248
Alexandria	VA	22306-2459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 141 / 251 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. James L. Wetzel, Jr.			Date of Receipt
Mailing Address 3305 Bella Vista Dr			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State	Zip Code	Transaction ID: 5346249
Casper	WY	82601-5328	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Charles Randall Macon			Date of Receipt
Mailing Address 8200 Harps Mill Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5346250
Raleigh	NC	27615	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mark D. Lenz			Date of Receipt
Mailing Address 3701 Spring Lake Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5346252
Racine	WI	53405	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		_	750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	N)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 142 / 251 (check only one)
Any information copied from such Reports are or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF		•	
Full Name (Last, First, Middle Initial) Dr. Christopher Keith Smedley			Date of Receipt
Mailing Address 630 Beaumont Cir			0 7 2 4 2 0 0 9
City	State	Zip Code	Transaction ID: 5346253
West Chester	PA	19380-6470	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard D. Seaborn			Date of Receipt
Mailing Address 200 Grogans Landi	ing		07 24 2009
City	State	Zip Code	Transaction ID: 5346254
Atlanta	GA	30350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00]
Full Name (Last, First, Middle Initial) Dr. Kurt D. Spieske			Date of Receipt
Mailing Address 17229 Buchanan			07 24 2009
City	State	Zip Code	Transaction ID: 5346255
Grand Haven	MI	49417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
			750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 143 / 251 (check only one) X
or for commercial purposes, other than NAME OF COMMITTEE (In Full)	rts and Statements may not be sold or used by any personal statements may not be sold or used by any personal statements may not be sold or used by any personal statements and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen E. Searcy Mailing Address 114 Wembley		Date of Receipt
City Lafayette	State Zip Code LA 70503-3567	Transaction ID: 5346256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David A. Morris		Date of Receipt
Mailing Address 9244 Sandy Pi	State Zip Code	0 7 2 7 2 0 0 9 Transaction ID: 5350343
Hayes FEC ID number of contributing federal political committee.	VA 23072	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John Kyle Sparkman		Date of Receipt
Mailing Address 4609 Spartanb	urg Dr	07 27 2009
City <u>Amarillo</u>	State Zip Code TX 79119-6435	Transaction ID: 5350345 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (or	otional)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 144 / 251 (check only one) X
or f	y information copied from such Reports and or commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORT	HODONTISTS	S POLITICAL ACTION COI	MMITTEE
۱.	Full Name (Last, First, Middle Initial) Dr. Robert Todd Gililland			Date of Receipt
	Mailing Address 300 Cullen Rd	Otata	7'- 0-4-	07 27 2009
	City Oxford	State MS	Zip Code 38655	Transaction ID: 5350348 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
·-	Full Name (Last, First, Middle Initial) Dr. Mark W. Johnston Mailing Address 182 Pine Lake Dr	1		Date of Receipt
	Ivialing Address ToZ Pille Lake Di			07 27 2009
	City Atlanta	State GA	Zip Code	Transaction ID: 5350349
	FEC ID number of contributing federal political committee.	C	30327	Amount of Each Receipt this Period 250.00
,	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Thomas G. Rice			Date of Receipt
	Mailing Address 27 Washington St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5350351
	Bath FEC ID number of contributing federal political committee.	ME C	04530	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
	JBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 145 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION CON	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Douglas R. Prince		Date of Receipt
Mailing Address 805 Shanahan Ci	Í	07 27 2009
City	State Zip Code	Transaction ID: 5350352
<u>Naperville</u>	IL 60540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard A. Simms	I	Date of Receipt
Mailing Address 29654 Highpoint	Road	0 7 2 7 2 0 0 9
City	State Zip Code	Transaction ID: 5350353
Rancho Palos Verde	CA 90275	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. David L. Brockman	I	Date of Receipt
Mailing Address 6032 Cross Creek	k Rd	07 27 2009
City	State Zip Code	Transaction ID: 5350354
Lincoln	NE 68516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	7
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (ontin	nal)	750.00

ITEMIZED RECEIPTS	,	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 146 / 251 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements may he name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR		•	
Full Name (Last, First, Middle Initial) Dr. Michael Parker			Date of Receipt
Mailing Address 38 Springfield Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5350355
Voorheesville	NY	12186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. John J. Brady, Jr.			Date of Receipt
Mailing Address 22 Providence Rd			07 / 27 / 2009
City	State Zip Code PA 18202		Transaction ID: 5350356
Hazleton	PA	18202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
Full Name (Last, First, Middle Initial) Dr. Darrell Keith Spilsbury			Date of Receipt
Mailing Address 198 Courtney Ann D	r		07 27 YYYY 2009
City	State	Zip Code	Transaction ID: 5350357
<u>Henderson</u>	NV	89074	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00]
			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 147 / 251 (check only one)
TI EIMIZES TIEGEN 10	Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee t	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	ODONTISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) A. Dr. S. Russell Mullen		Date of Receipt
Mailing Address 43093 Candlewick Sq		07 27 2009
City	State Zip Code	Transaction ID: 5350358
Leesburg	VA 20176	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)		
B. Dr. Richard E. Graham		Date of Receipt
Mailing Address 90 Stonewall Cir	7.01	07 27 2009
City West Harrison	State Zip Code NY 10604	Transaction ID: 5350359
	101 1004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify)	250.00	
Full Name (Last, First, Middle Initial) C. Dr. Derick T. Tagawa		Date of Receipt
Mailing Address 9331 Monte Puesto Dr		07 / 27 / 2009
City Whittier	State Zip Code CA 90603	Transaction ID: 5350360 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	<u> </u>	750.00

TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribution for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. A. MERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE A. MERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Richard L. Fogel Mailing Address 718 Washington Ave City State City State City State City State Cocupation Orthodontist Receipt For: Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. David J. Nyocepir Mailing Address 14330 Kenmont Dr City State City State Zip Code Orthodontist Aggregate Year-to-Date PEC ID number of contributing federal political committee. City State City State Zip Code Transaction ID: 5350362 Amount of Each Receipt this F EEC ID number of contributing federal political committee. City State City State Zip Code Transaction ID: 5350362 Amount of Each Receipt this F EEC ID number of contributing foderal political committee. City State City State Zip Code Transaction ID: 5350362 Amount of Each Receipt this F EEC ID number of contributing foderal political committee. City State Zip Code Date of Receipt Transaction ID: 5350362 Amount of Each Receipt this F EEC ID number of contributing foderal political committee. City State Zip Code Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this F EEC ID number of contributing foderal political committee. City State Zip Code Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this F EEC ID number of contributing foderal political committee. City State Zip Code Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this F EEC ID number of contributing foderal political committee. City State Zip Code Date of Receipt Transaction ID: 5350363 Amount of Each Receipt thi	148 / 251
A NAME OF COMMITTEE (in Full) NAME OF COMMITTEE NAME OF COMMITTEE (in Full) NAME OF COMMITTEE (in Full) NAME OF COMMITTEE NAME OF COM	$\begin{array}{c c} & 12 \\ & 16 \end{array} \qquad \begin{array}{c} & 17 \end{array}$
A. AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Richard L. Fogel Mailing Address 718 Washington Ave City State Zip Code Elyria OH 44035 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ FUI Name (Last, First, Middle Initial) Date of Receipt Transaction IDD 5350361 Amount of Each Receipt this P FUI Name (Last, First, Middle Initial) Dr. David J. Nyzepir Mailing Address 144330 Kenmont Dr City Midlothian FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Cocupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Cocupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Cocupation Orthodontist Receipt For: Perimary General Other (specify) ▼ Cocupation Orthodontist Relative Self-Employed City State Zip Code Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: PA 15658-9547 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P Transaction ID 5350363 Amount of Each Receipt this P	ibutions ımittee.
A. Full Name (Last, First, Middle Initial) Dis. Richard L. Fogel Mailing Address 718 Washington Ave City State Zip Code OH 44035 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ 250.00 B. Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 5350361 Amount of Each Receipt this P 2 Transaction ID: 5350361 Amount of Each Receipt this P 2 Transaction ID: 5350361 Amount of Each Receipt this P 2 Transaction ID: 5350361 Amount of Each Receipt this P 2 Transaction ID: 5350361 Amount of Each Receipt this P 2 Transaction ID: 5350362 Amount of Each Receipt This P 2 Transaction ID: 5350362 Amount of Each Receipt this P 2 Transaction ID: 5350362 Amount of Each Receipt this P 2 Transaction ID: 5350362 Amount of Each Receipt This P 2 Transaction ID: 5350362 Amount of Each Receipt This P 2 Transaction ID: 5350362 Amount of Each Receipt This P 2 Transaction ID: 5350362 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350363 Amount of Each Receipt This P 2 Transaction ID: 5350362 Transaction ID:	
A. Dr. Richard L. Fogel Mailing Address 718 Washington Ave City State Zip Code Elyria OH 44035 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For:	
City State Zip Code OH 44035 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: □ Primary □ General □ Other (specify) ▼ City State Zip Code Midlothian VA 23113 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: □ Primary □ General □ Other (specify) ▼ □ Date of Receipt this P City State Zip Code Midlothian VA 23113 FEC ID number of contributing federal political committee. Name of Employer Self-Employer □ Orthodontist Receipt For: □ Primary □ General □ Orthodontist Receipt For: □ Primary □ General □ Orthodontist City State Zip Code □ Primary □ General □ Orthodontist Aggregate Year-to-Date ▼ □ Date of Receipt □ Transaction ID: 5350362 Amount of Each Receipt this P □ Transaction ID: 5350362 Amount of Each Receipt this P □ Transaction ID: 5350363 Amount of Each Receipt this P □ Transaction ID: 5350363 Amount of Each Receipt this P □ Transaction ID: 5350363 Amount of Each Receipt this P □ Transaction ID: 5350363 Amount of Each Receipt Transaction ID: 5350363 Amount o	
City State Zip Code OH 44035	2009
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	2000
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Self-Employed Receipt For:	250.00
Primary General Other (specify) ▼ 250.00 Pull Name (Last, First, Middle Initial) Dr. David J. Nyczepir Malling Address 14330 Kenmont Dr	
B. Dil Name (Last, First, Middle Initial) Diate of Receipt Mailing Address 14330 Kenmont Dr City Midlothian FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ City State Zip Code Midlothian FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ City Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dir. Kenneth G. Purvis Mailing Address RD 2 Box 354A City State Zip Code Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist City State Zip Code FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Aggregate Year-to-Date ▼ Transaction ID: 5350363 Amount of Each Receipt this P 2 2 250.00	
B. Dr. David J. Nyczepir Mailing Address 14330 Kenmont Dr City State Zip Code Midlothian VA 23113 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ City State Zip Code VA 23113 Amount of Each Receipt this P Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 5350362 Amount of Each Receipt this P Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 5350362 Amount of Each Receipt this P Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this P Date of Receipt Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this P Date of Receipt Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this P C C: Name of Employer Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Aggregate Year-to-Date ▼	
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Midlothian VA 23113 Amount of Each Receipt this P FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ C. Dr. Kenneth G. Purvis Mailing Address RD 2 Box 354A City Ligonier FEC ID number of contributing federal political committee. State Zip Code PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Aggregate Year-to-Date ▼ Transaction ID: 5350363 Amount of Each Receipt this P C 2 Transaction ID: 5350363 Amount of Each Receipt this P Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Aggregate Year-to-Date ▼	2009
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) Other (specify) Aggregate Year-to-Date C. Date of Receipt Mailing Address RD 2 Box 354A City State Zip Code Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Aggregate Year-to-Date Aggregate Year-to-Date Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this P 2 Aggregate Year-to-Date Aggregate Year-to-Date Aggregate Year-to-Date	
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Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Kenneth G. Purvis Mailing Address RD 2 Box 354A City State Zip Code Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General 250.00 Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this P C Aggregate Year-to-Date ▼	
C. Date of Receipt Date of Receipt Date of Receipt	
C. Dr. Kenneth G. Purvis Mailing Address RD 2 Box 354A City State Zip Code Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Date of Receipt Transaction ID: 5350363 Amount of Each Receipt this P C 250 00	
City State Zip Code Transaction ID: 5350363 Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Aggregate Year-to-Date ▼	
City State Zip Code Ligonier PA 15658-9547 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General State Zip Code Transaction ID: 5350363 Amount of Each Receipt this P 2 Aggregate Year-to-Date ▼	2009
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federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Aggregate Year-to-Date 250.00	Period
Receipt For: Primary General Aggregate Year-to-Date ▼	250.00
Primary General 350,00	
SUBTOTAL of Receipts This Page (optional)	750.00

[SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and ad	dress of any political committee to	solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Dr. Gregory K. Inman Mailing Address 1003 Deerbourne City Elizabethtown FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State KY C Occupatio Orthodor	ntist	Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: 5350365 Amount of Each Receipt this Period 250.00
_	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial)	Aggregate	e Year-to-Date ▼ 250.00	
B.	Dr. Gary O. Inman Mailing Address 338 Briarwood Cir City Elizabethtown FEC ID number of contributing federal political committee.	State KY	Zip Code 42701	Date of Receipt O 7
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
с.	Full Name (Last, First, Middle Initial) Dr. Jeffrey B. Leiss Mailing Address 3372 Conestoga Rd City Glenmore	State PA	Zip Code 19343	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	Occupatio Orthodor Aggregate		250.00
	Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		<u> </u>	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 150 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to THODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Malcolm E. (Mac) Steen Mailing Address 490 Ridge Blvd City Deland FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 32724 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Richard D. Grant Mailing Address 931 Monroe Dr #102 City Atlanta FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	PMB 513 State Zip Code GA 30308 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Michael D. Riordan Mailing Address 7084 Montgomery Re City Lake Wilie FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code SC 29710 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 151 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persename and address of any political committee to the solution of	o solicit contributions from such committee.
	AWIERICAN ASSOCIATION OF ORTH	HODONTISTS FOLITICAL ACTION CO	MINITIEE
A.	Full Name (Last, First, Middle Initial) Dr. Debra Dobbs		Date of Receipt
	Mailing Address PO Box 807		07 27 2009
	City Saint James	State Zip Code NY 11780	Transaction ID: 5350371
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Louis J. Hardy		Date of Receipt
	Mailing Address 34 Silver Ridge		07 27 2009
	City	State Zip Code	Transaction ID: 5350372
	Veazie	ME 04401-7080	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Samuel G. Smith		Date of Receipt
	Mailing Address 1662 S Lake Crest Wa	ay	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 5350373
	Eagle FEC ID number of contributing federal political committee.	ID 83616	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
	SUBTOTAL of Receipts This Page (optional) .		750.00
	TOTAL This Period (last page this line number	only)	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 152 / 251 (check only one) X 11a
Ai	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۸.	Full Name (Last, First, Middle Initial) Dr. Gary P. Horvath			Date of Receipt
	Mailing Address 367 Twin Oaks Dr	Ctata	7: 0 - 1 -	07 27 2009
	City Spartanburg	State SC	Zip Code 29306	Transaction ID: 5350375 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	25000	250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Ross D. Christensen	1		Date of Receipt
	Mailing Address 1056 Prospect Blvd			07 27 2009
	City	State	Zip Code	Transaction ID: 5350376
	Waterloo	IA	50701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert B. Goldman	1		Date of Receipt
	Mailing Address 27 Birch Ct			07 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5350377
	Ridgefield FEC ID number of contributing federal political committee.	C	06877	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Г		1		750.00

C			
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 153 / 251 (check only one)
IΠ	TEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Α ο	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any perso e name and address of any political committee to	n for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)	*	
/	AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION COM	MITTEE
۷.	Full Name (Last, First, Middle Initial) Dr. Brett Gluck		Date of Receipt
	Mailing Address 3595 Newport Bay Dr		07 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID: 5350378
	Alpharetta	GA 30005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_			
3.	Full Name (Last, First, Middle Initial) Dr. Steven Gajda		Date of Receipt
	Mailing Address 5824 Dorrwood Dr		07 27 2009
	City	State Zip Code	Transaction ID: 5350381
	Mentor	OH 44060-1962	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.00	
_ ;.	Full Name (Last, First, Middle Initial) Dr. Stephen Labbe		Date of Receipt
,.	Mailing Address 68 River Dr		07 27 2009
	City	State Zip Code	Transaction ID: 5350382
	Annapolis	MD 21403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For:	Aggregate Year-to-Date ▼	
			+ 1
	Primary General Other (specify) ▼	250.00	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 154 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	Statements may not be sold or used by any per e name and address of any political committee HODONTISTS POLITICAL ACTION CC	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Raymond J. McMullen, Jr. Mailing Address 2327 Nottingham Dr City Naperville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60565 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt 0 7 27 2009 Transaction ID: 5350383 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Marvin G. Stephens, Jr. Mailing Address 5801 Covey Ln City Tyler FEC ID number of contributing	State Zip Code TX 75703	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Edward D. Gold Mailing Address City	State Zip Code	Date of Receipt 0 7 27 2009 Transaction ID: 5350385
FEC ID number of contributing federal political committee.	Occupation	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Orthodontist Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedu for each category of Detailed Summary P	ule(s) the	FOR LINE NUMBER: PAGE 155 / 251 (check only one) X
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by dress of any political con	any person f	or the purpose of soliciting contributions licit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	THODONTIST	S POLITICAL ACTION	ON COMM	ITTEE
۵.	Full Name (Last, First, Middle Initial) Dr. Jeanne M. Gau				Date of Receipt
	Mailing Address 12861 Shannon Pkw	у			07 27 2009
	City	State	Zip Code		Transaction ID: 5350386
	Rosemount	MN	55068	_	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Self-Employed	Occupation Orthodor			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	0.00	
В.	Full Name (Last, First, Middle Initial) Dr. Stewart J. Grauer				Date of Receipt
	Mailing Address 9 Kennworth Rd				M M / D D / Y Y Y Y Y Y Y Y 2009
	City	State	Zip Code		Transaction ID: 5350387
	Port Washington FEC ID number of contributing federal political committee.	C	11050		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼	0.00	
С.	Full Name (Last, First, Middle Initial) Dr. Susan M. Korch-Appleby				Date of Receipt
	Mailing Address 810 Darla Rd				07 27 2009
	City	State	Zip Code		Transaction ID: 5350388
	Mechanicsburg FEC ID number of contributing federal political committee.	C	17055		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation			
	Receipt For:		e Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250	0.00	
	SUBTOTAL of Receipts This Page (optional)				750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 156 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	s and Statements may not be sold or used by any perso sing the name and address of any political committee to ORTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Ray P. Vanderhook		Date of Receipt
Mailing Address 416 Shepherd Li	n	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5350390
Shepherdstown	WV 25443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Joe M. Keller		Date of Receipt
Mailing Address 116 Bunkers Co	ve Rd	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5350391
Panama City	FL 32401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gerald Schwartz	I	Date of Receipt
Mailing Address 6 Yorktown Pl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5350392
Northport	NY 11768	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opti	onal)	750.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 157 / 251 (check only one) X
	oied from such Reports and Surposes, other than using the IMITTEE (In Full)	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
1 \		HODONTIST	S POLITICAL ACTION COM	MMITTEE
Dr. Robert J. Agr				Date of Receipt
Mailing Address City	; 	State	Zip Code	0 7 3 0 2 0 0 9 Transaction ID: 5351324
J.,		Otato	p	Amount of Each Receipt this Period
FEC ID number federal political		C		250.00
Name of Employed	/er	Occupation Orthodor		
Receipt For: Primary Other (spe	General	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last Dr. Fred A. Booth	, First, Middle Initial) ı, Jr.			Date of Receipt
Mailing Address	112 Parkview Ave			07 30 7 2009
City		State	Zip Code	Transaction ID: 5351325
<u>Fayetteville</u>		NC	28305	Amount of Each Receipt this Period
FEC ID number federal political		C		250.00
Name of Employed	/er	Occupation Orthodor		
Receipt For:		Aggregate	e Year-to-Date ▼	
Primary Other (spo	☐ General ecify) ▼		250.00	
Full Name (Last Dr. Philip J. Corb	, First, Middle Initial) in			Date of Receipt
Mailing Address	2605 Lipscomb			07 30 7 2009
City		State	Zip Code	Transaction ID: 5351326
Amarillo		TX	79109	Amount of Each Receipt this Period
FEC ID number federal political	committee.	C		250.00
Name of Employed	/er	Occupation Orthodor	ntist	
Receipt For: Primary Other (spe	General ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Re	eceipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 158 / 251 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	the name and add	lress of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Jon Miler Mailing Address 667 E Silver Torch	St		Date of Receipt
City <u>Meridian</u>	State ID	Zip Code 83646	Transaction ID: 5351327 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodon Aggregate]
Full Name (Last, First, Middle Initial) Dr. Steven A. Steer Mailing Address 1020 E Lake Shore	Dr		Date of Receipt 0 7 3 0 2 0 0 9
City	State	Zip Code	Transaction ID: 5351328
Springfield FEC ID number of contributing federal political committee.	C	62707	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. James G. Judge Mailing Address 33 Christmas Tree	l n		Date of Receipt
		7'- 0-1-	07 30 2009
City <u>Marshfield</u>	State MA	Zip Code 02050-1707	Transaction ID: 5351329 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	1)		750.00

SCHEDULE A (FEC ITEMIZED RECEIPT		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 159 / 251 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	ner than using the name and a n Full)	any not be sold or used by any persideress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Middl Dr. D. Mark Babcock Mailing Address 200 Jen City Yorktown FEC ID number of contributi federal political committee. Name of Employer Self-Employed Receipt For: Primary Gen	nings State VA ng C Occupat Orthod Aggrega		Date of Receipt 0 7 3 0 2 0 0 9 Transaction ID: 5351330 Amount of Each Receipt this Period 250.00
Other (specify) ▼ Full Name (Last, First, Middle Dr. Thomas H. Cartledge, III Mailing Address 417 N B City Ormond Beach FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Gen Other (specify) ▼	le Initial) leach St State FL Occupat Orthode Aggrega		Date of Receipt M M M / D D / Y Y Y Y Y Y O 7 30 2009 Transaction ID: 5351331 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Dr. Stephen E. Hershey Mailing Address 5350 St City Clarkston FEC ID number of contributifederal political committee. Name of Employer Self-Employed Receipt For: Primary Gen Other (specify)	State MI Occupat Orthode Aggrega		Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This	Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	(X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 160 / 251 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may n	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OI		• •	
Full Name (Last, First, Middle Initial) Dr. Robert A. Schoettger			Date of Receipt
Mailing Address 6721 Hickory Cres	t Cir		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5351333
<u>Lincoln</u> FEC ID number of contributing federal political committee.	C	68516	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontis	st	
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Paul David Johnson			Date of Receipt
Mailing Address 1621 South Old Di	xie Hwy		07 30 7 2009
City Bunnell	State FL	Zip Code 32110	Transaction ID: 5351335
FEC ID number of contributing federal political committee.	C	0.000	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontis	st	
Receipt For: Primary General Other (specify) ▼	- ' '	ear-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gene P. King			Date of Receipt
Mailing Address 2206 Briarhill			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5351336
Champaign FEC ID number of contributing federal political committee.	C	61822-6143	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontis	st	
Receipt For: Primary General Other (specify) ▼		ear-to-Date ▼ 250.00	
	<u> </u>		750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 161 / 251 (check only one) X 11a 11b 11c 12
Г	Any information copied from such Reports and St	tatamanta ma		13 14 15 16 17
	or for commercial purposes, other than using the	name and ad	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Mark David Lively			Date of Receipt
	Mailing Address 3622 SW Mashie Ct			07 30 2009
	City	State	Zip Code	Transaction ID: 5351338
	Palm City	<u>FL</u>	34990	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Holland Maness			Date of Receipt
	Mailing Address 606 Inverness PI			07 30 7 2009
	City	State	Zip Code	Transaction ID: 5351339
	Martinez	GA	30907-9556	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		250.00	
с. С.	Full Name (Last, First, Middle Initial) Dr. Stephen P. Shepard			Date of Receipt
	Mailing Address 3401 Oakmont Dr			07 30 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5351340
	<u>Harlingen</u>	TX	78550-7312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1250.00
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	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 162 / 251 (check only one) X 11a
NAME OF	F COMMITTEE (In Full)			on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERIC	CAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
Dr. Dennis				Date of Receipt
Mailing Ad	ddress 93 Hiller Rd PO Box 518			07 31 2009
City		State	Zip Code	Transaction ID: 5353440
<u>Jackson</u>		NH	03846-0518	Amount of Each Receipt this Period
	umber of contributing slitical committee.	C		1000.00
Name of E Self-Emp		Occupatio Orthodor		
	or: nary General er (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00]
	e (Last, First, Middle Initial) S. Kacewicz			Date of Receipt
Mailing Ad	ddress 225 Narragansett Bay	Ave		07 31 7 2009
City		State	Zip Code	Transaction ID: 5353441
<u>Warwick</u>		RI	02889	Amount of Each Receipt this Period
	umber of contributing slitical committee.	C		500.00
Name of E Self-Emp		Occupatio Orthodor	ntist	
	or: nary General er (specify) ♥	Aggregate	e Year-to-Date ▼ 1000.00]
	e (Last, First, Middle Initial) B. Donaghey, II			Date of Receipt
Mailing Ad	ddress 1600 Oak Forest Ct			07 31 7 2009
City <u>Mobile</u>		State AL	Zip Code 36609	Transaction ID: 5353442 Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E Self-Emp	Employer loyed	Occupatio Orthodor		
Receipt F Prin Oth		Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL	of Receipts This Page (optional)			1750.00

Any information copied from such Reports and Statements may not be sol or for commercial purposes, other than using the name and address of an NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITION OF ARTHODONTISTS POLITION OF ART	AL ACTION COMMITTEE Date of Receipt 0 7 3 1 2 0 0 9
AL Dr. Anthony V. Maresca Mailing Address 5 Lantern Ct City State Zip C Stony Brook NY 1179 FEC ID number of contributing federal political committee. Name of Employer Self-Employed General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael J. Graham Mailing Address 1772 Morning Dr NE City State Zip C Cullman AL 3505 FEC ID number of contributing federal political committee. City State Zip C Cullman AL 3505 FEC ID number of contributing federal political committee. Name of Employer Self-Employer Self-Employed Occupation Orthodontist Receipt For: Aggregate Year-to-D Name of Employer Self-Employer Other (specify) ▼ City State Zip C Aggregate Year-to-D Aggregate Year-to-D State Zip C Lity Aggregate Year-to-D Aggregate Year-to-D State Zip C Lity State Zip C Lity State Zip C Alton IL 6200 FEC ID number of contributing federal political committee. Name of Employer State Zip C Lity State Zip C Lity State Zip C Lity State Zip C Lity State Zip C Alton IL 6200 C Name of Employer Self-Employer Self-Employer Self-Employer Occupation Self-Employer Self-Emp	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5 Lantern Ct City Stony Brook NY 1179 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Michael J. Graham Mailing Address 1772 Morning Dr NE City State Zip C AL 3505 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist City State Zip C AL 3505 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. William C. Heintz Mailing Address #4 Fairmount Dr S City State Zip C C IL 6200 FEC ID number of contributing federal political committee. City State Zip C C IL 6200 FEC ID number of contributing federal political committee. City State Zip C C C IL 6200 FEC ID number of contributing federal political committee. Name of Employer Self-Employer Sel	0 7 3 1 2 0 0 9 Transaction ID: 5353443
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SUBTOTAL of Receipts This Page (optional)	Date of Receipt M M M D D D 2009 Transaction ID: 5353445 Amount of Each Receipt this Period 250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 164 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	he name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. C. William Dabney Mailing Address 3911 Sulgrave Rd City Richmond FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State VA C Occupatio Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Wendell R. Stuntz Mailing Address 450 Lincoln Ave City Council Bluffs FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State IA C Occupatio Orthodor Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Transaction ID: 5353447 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Thomas L. Ahman Mailing Address 2777 Shagbark Dr City Lima FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State OH C Occupatio Orthodor Aggregate		Date of Receipt M M / D 3 1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 165 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Edwin L. Morris Mailing Address 7635 Chapman Rd City Kingsville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MD 21087-1531 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Charles Allen Chance Mailing Address 9501 Berkley Walkwa City Knoxville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	ay #216 State Zip Code TN 37931 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M D D D 2009 Transaction ID: 5353453 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. John M. Sleichter Mailing Address 2761 Edgeview Rd City Muscatine FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IA 52701 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 166 / 251 (check only one) X
, A	Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION CO	MMITTEE
۷.	Full Name (Last, First, Middle Initial) Dr. David R. Sain			Date of Receipt
	Mailing Address 1535 Avon Rd	Ctata	7:a Cada	07 31 2009
	City Murfreesboro	State TN	Zip Code 37129	Transaction ID: 5353455 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	07120	250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
- -	Full Name (Last, First, Middle Initial) Dr. James Brian Indiveri Mailing Address 13121 Cedar	_ I		Date of Receipt
	- TST21 Gedai			07 31 2009
	City	State	Zip Code	Transaction ID: 5353456
	Leawood	KS	66209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. A. G. Burris			Date of Receipt
	Mailing Address 960 Ribaut Rd St2			07 31 2009
	City	State	Zip Code	Transaction ID: 5353457
	Beaufort	SC	29902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor	ntist	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC For ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 167/251 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Re or for commercial purposes, other that	oorts and Statements may not be sold or used by any per	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	OF ORTHODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initia Dr. Melvin W. Walters	1)	Date of Receipt
Mailing Address 5416 Thunde	r Ridge Cir	07 31 2009
City Rocklin	State Zip Code CA 95765-4849	Transaction ID: 5353458 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initia Dr. Michael S. Hipp	الا	Date of Receipt
Mailing Address 4728 Brookvi	ew Dr	0 7 3 1 Y Y Y Y Y
City	State Zip Code	Transaction ID: 5353460
West Des Moines	IA 50265-2996	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initia Dr. David C. Jones	<u> </u> 	Date of Receipt
Mailing Address 975 Stonewa	I Jackson Tr	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5353461
<u>Martinsville</u>	VA 24112	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	optional)	1500.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 168 / 251 (check only one)
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NAME OF COMMITTEE	<u>_</u>	•	
Full Name (Last, First, Mic Dr. Mark L. Dake	ddle Initial)		Date of Receipt
	Private Rd 8900		07 31 2009
City	State	Zip Code	Transaction ID: 5353462
West Plains	MO	65775	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			1000.00
Name of Employer Self-Employed	Occupatio Orthodor		
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Full Name (Last, First, Mic	ddle Initial)		Date of Receipt
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5361357
FEC ID number of contrib federal political committee			Amount of Each Receipt this Period
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:		e Year-to-Date ▼	
Primary Ge Other (specify) ▼	eneral	1100.00	
Full Name (Last, First, Mic	ddle Initial)		Date of Receipt
Mailing Address 7207 I	_akehurst		0 7 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: 5361358
Dallas	TX	75230	Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			1000.00
Name of Employer Self-Employed	Occupatio Orthodor		
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Full Na Dr. Cha Mailing City Yakim FEC ID federal	me (Last, First, Middle Initial) arles A. Gilmore Address 4623 Scenic Dr na D number of contributing political committee.	State WA	Zip Code 98908	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Dr. Har	me (Last, First, Middle Initial) old L. Frank Address 13208 Jasmine Hill Ter	r State MD	Zip Code 20850	Date of Receipt M M M / D D / Y Y Y Y Y O 7 3 1 2 0 0 9 Transaction ID: 5361363 Amount of Each Receipt this Period
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Any information copied from such Reports and Statements may not be sold or used by sny person for the purpose of soliciting committee. NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. D. Ava Curtis Goetgarian Maling Address 1046 Cahill Rd City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. Name of Employer Onthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Receipt Date of Receipt Transaction ID: 5361364 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 5361365 Amount of Each Receipt this Period Date of Receipt FULL Name (Last, First, Middle Initial) Date of Receipt TX 75701 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code TX 75701 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code TX 75701 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code TYler TX 75701 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code TX 75701 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code TX 78735 FEC ID number of contributing federal political committee. City State Zip Code TX 78735 FEC ID number of contributing federal political committee. Name of Employer City State Zip Code TX 78735 FEC ID number of contributing federal political committee. Name of Employer Other (specify) ▼ Coupstion Other Onthodontist Receipt For: Queries Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Recei	I	TEMIZED RECEIPTS			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE II Name (Last, First, Middle Initial) Dr. Anz Curls Goetgarian Mailing Address 1046 Cahill Rd City State Zip Code Lake Forest II. 68045 FEC ID number of contributing federal political committee. C Cucupation Orthodontist Receipt Fer. In Full Name (Last, First, Middle Initial) Dr. Cother K. Sephens Mailing Address 2933 Shenandoah City State Zip Code TX 75701 FUll Name (Last, First, Middle Initial) Dr. Cother K. Sephens Mailing Address 2933 Shenandoah City State Zip Code TX 75701 FEC ID number of contributing federal political committee. C Deception Orthodontist Receipt Fer. Doubley M. Hodgins Mailing Address 8508 Navidad Dr City State Zip Code TX 78735 FUll Name (Last, First, Middle Initial) Dr. Content Contributing federal political committee. C Doubley M. Hodgins Mailing Address 8508 Navidad Dr City State Zip Code TX 78735 FULL Name (Last, First, Middle Initial) Dr. Dr. Content Contributing federal political committee. C Doubley M. Hodgins Mailing Address 8508 Navidad Dr City State Zip Code TX 78735 FULL Name (Last, First, Middle Initial) Dr. Dr. Content Contributing federal political committee. C Doubley M. Hodgins Mailing Address 8508 Navidad Dr City State Zip Code TX 78735 FULL Name (Last, First, Middle Initial) Dr. Dr. Content Contributing federal political committee. C Dr. Content Contributing f				Detailed Summary Page	
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AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. Ana Cutts Gestpapitan Mailing Address 1046 Cahill Rd City State Zip Code Lake Forest IL 50045 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code Transaction ID: 5361364 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361364 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361364 Amount of Each Receipt this Period Dr. Corbett K. Stephens Mailing Address 2933 Shenandoah City State Zip Code Tyler TX 75701 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5361365 Amount of Each Receipt this Period Primary General Other (specify) ▼ Date of Receipt Transaction ID: 5361366 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361366 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361366 Amount of Each Receipt this Period Dr. Dudley M. Hodgkins Mailing Address 8508 Navidad Dr City State Zip Code Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 FEC ID number of contributing federal political committee. City State Zip Code Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 FEC ID number of contributing federal political committee. Aggregate Year-to-Date ▼ Orthodontist Receipt For: Aggregate Year-to-Date ▼ Orthodontist Receipt For: Aggregate Year-to-Date ▼ Orthodontist Receipt For: Aggregate Year-to-Date ▼ Orthodontist		Any information copied from such Reports and S or for commercial purposes, other than using the	statements may e name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Ara Curits Goshgarian Mailing Address 1046 Cahill Rd City State Zip Code Lake Forest IL 60045 FEC ID number of contributing federal political committee. Name (Employer Orthodontist) Full Name (Last, First, Middle Initial) Dr. Corbett K, Stephens Mailing Address 2933 Shenandoah City State Zip Code Primary General Other (specify) ▼ Date of Receipt Initial Orthodontist FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code TX 75701 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code TX 75701 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code Tx 75701 Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Coccupation Orthodontist TX 78735 Transaction ID: 5361365 Amount of Each Receipt this Period Date of Receipt Name of Employer Self-Employed City State Zip Code Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period Date of Receipt Name of Employer Self-Employed City State Zip Code Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period Date of Receipt Name of Employer Self-Employed City State Zip Code Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period Tx 78735 Transaction ID: 5361366 Amount of Each Receipt this Period		NAME OF COMMITTEE (In Full)			
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Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Corbett K. Stephens Mailing Address 2933 Shenandoah City State Zip Code Tyler TX 75701 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Dudley M. Hodgkins Mailing Address 8508 Navidad Dr City State Zip Code TX 78735 Date of Receipt Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361365 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361365 Amount of Each Receipt this Period Ty 78735 Date of Receipt Transaction ID: 5361366 Amount of Each Receipt Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Amount of Each Receipt this Period Transaction ID: 5361366 Transaction I			C		500.00
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 171 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any person and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Herbert M. Hughes Mailing Address 1209 Burtonwood Ct City Alexandria FEC ID number of contributing federal political committee.	State Zip Code VA 22307	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. William G. Horbaly Mailing Address 4215 Redwood Ln City Earlysville FEC ID number of contributing federal political committee.	State Zip Code VA 22936	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeff L. Rickabaugh Mailing Address 5001 Marble Arch Roa City Winston-Salem FEC ID number of contributing	State Zip Code NC 27104	Date of Receipt M M M
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

ITEMIZED I		ntomonte ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 172 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial NAME OF CO	purposes, other than using the opening the	name and ad	r not be sold or used by any person dress of any political committee to S POLITICAL ACTION COM	on for the purpose of soliciting contributions solicit contributions from such committee. MITTEE
Full Name (La Dr. David R. W Mailing Addres				Date of Receipt
City		State	Zip Code	0 7 3 1 2 0 0 9 Transaction ID: 5361373
University P	lace	WA	98467	Amount of Each Receipt this Period
•	er of contributing	С		250.00
Name of Employed	oyer d	Occupatio Orthodor		
Receipt For: Primary Other (s	General pecify) ♥	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (La Dr. Howard L. F	st, First, Middle Initial) Howell			Date of Receipt
Mailing Addres	ss 701 Spottis Woode Ln			07 31 2009
City		State	Zip Code	Transaction ID: 5361374
Clearwater FEC ID numb federal politica	er of contributing Il committee.	C	33756	Amount of Each Receipt this Period 250.00
Name of Employed	loyer d	Occupatio Orthodor		
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Full Name (La Dr. Dale Edwar	st, First, Middle Initial) d Fehr			Date of Receipt
Mailing Addres	ss 85 Kennelworth Cir			07 31 2009
City		State	Zip Code	Transaction ID: 5361375
<u>Hampton</u>		<u>IL</u>	61256	Amount of Each Receipt this Period
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Name of Employed	oyer d	Occupatio Orthodor	ntist	
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SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1/3 / 251 (check only one) X
Any information copied from sor for commercial purposes, of	such Reports and Statements ma other than using the name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (AMERICAN ASSOCIA	,	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Mic Dr. Jon J. Sisulak	ddle Initial)		Date of Receipt
Mailing Address 8515 S	S Deerwood Ln		07 31 2009
City	State	Zip Code	Transaction ID: 5361376
Franklin	WI	53132	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For: Primary Ge Other (specify) ▼	Aggregate eneral	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Mic Dr. Larry Sean Mullins	ddle Initial)		Date of Receipt
Mailing Address 200 Tr	rammel Rd		0 7 3 1 2 0 0 9
City	State	Zip Code	Transaction ID: 5361377
Bristol FEC ID number of contribution	TN	37620-5308	Amount of Each Receipt this Period
federal political committee.			250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary Ge Other (specify) ▼	eneral	250.00	
Full Name (Last, First, Mic	ddle Initial)		Date of Receipt
Mailing Address 1566 S	Silver Trl		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5361380
<u>Napa</u>	CA	94558	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			250.00
Name of Employer Self-Employed	Occupation Orthodol		
Receipt For:		e Year-to-Date ▼	_
Primary Ge Other (specify) ▼	eneral	250.00	
SUBTOTAL of Receipts Thi			750.00

State Signature State Signature State Signature Sig					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of satisfing contributions or for commercial purposes, other than using the name and address of any political committee to sold contributions from such committee. NAME OF COMMITTEE (in Full) AME OF		•		for each category of the	(check only one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE A. D. Robert N. Picknon Malling Address 5265 Chelsen Woods Dr City Primary General Orthodontist Receipt For: Prill Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 5361381 Amount of Each Receipt this Period Primary General Orthodontist Receipt For: Primary General Orthodontist Aggregate Year-to-Date ▼ Primary General Orthodontist Page of Employer Salte Employed Orthodontist Receipt For: Primary General Orthodontist Aggregate Year-to-Date ▼ Primary General Orthodontist Page of Employer Self-Employer Orthodontist Aggregate Year-to-Date ▼ Primary General Orthodontist Aggregate Year-to-Date ▼ Primary General Orthodontist Aggregate Year-to-Date ▼ Primary General Orthodontist Aggregate Year-to-Date ▼	_			Detailed Suffillary Fage	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE A. Pull Name (Last, First, Middle Initial) Dr. Robert N. Pickon Mailing Address 5265 Chelsen Woods Dr City Duluth GA 30097 FEG ID number of contributing federal political committee. Name of Employer Orthodontist Roceipt For: Polimary Mailing Address 1130 Derby Ln City State Zip Code GA 30677 FEG ID number of contributing federal political committee. Pull Name (Last, First, Middle Initial) Dr. C. Tradd Harter Mailing Address 1130 Derby Ln City State Zip Code GA 30677 FEG ID number of contributing federal political committee. C. C. Thinkinsville GA 30677 FEG ID number of contributing federal political committee. Primary Other (specify) ▼ Coccupation Orthodontist Primary Other (specify) ▼ Coccupation Orthodontist Dr. Criagh H. Davis Mailing Address 1500 Oak Springs Ln City Santa Rosa CA 95404 FEG ID number of contributing federal political committee. C. Date of Receipt Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Transaction		Any information copied from such Reports and St or for commercial purposes, other than using the	atements ma name and ad	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
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City	Α.				Date of Receipt
Duluth GA 30097 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼		Mailing Address 5265 Chelsen Woods D	Or		
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Primary General Orthodontist Receipt For:		City	State	Zip Code	
Name of Employed Cocupation Crithodontist		Duluth	GA	30097	Amount of Each Receipt this Period
Self-Employed ' Orthodontist Receipt For: Primary			C		1000.00
Primary General Other (specify) ▼		Name of Employer Self-Employed			
B. Full Name (Last, First, Middle Initial) Dr. C. Tradd Harter Mailing Address 1130 Derby Ln City State Zip Code Watkinsville GA 30677 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Mailing Address 1500 Oak Springs Ln City State Zip Code GA 30677 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Orthodontist City State Zip Code 250.00 Date of Receipt Transaction ID: 5361382 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361382 Amount of Each Receipt this Period Transaction ID: 5361383 Date of Receipt Transaction ID: 5361383 Transaction ID: 5361383 Amount of Each Receipt this Period Transaction ID: 5361383 Transaction ID: 5361383 Amount of Each Receipt this Period Cocupation Orthodontist Receipt For: Primary General Other (specify) Aggregate Year-to-Date Other (specify) Aggregate Year-to-Date Cocupation Orthodontist Receipt For: Primary General Other (specify) Aggregate Year-to-Date Cocupation Orthodontist			Aggregate	e Year-to-Date ▼	
B. Dr. C. Tradd Harter Mailing Address 1130 Derby Ln City State Zip Code GA 30677 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ State Zip Code Oth			0 0	1000.00	
City State Zip Code GA 30677 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Dr. Craig H. Davis Mailing Address 1500 Oak Springs Ln City State Zip Code CA 95404 FEC ID number of contributing federal political committee. C. Name of Employer Self-Employed Other (specify) ▼ C. Date of Receipt Transaction ID: 5361382 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5361383 Amount of Each Receipt Transaction ID: 5361383 Amount of Each Receipt Transaction ID: 5361383 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼	- В.	,			Date of Receipt
Watkinsville GA 30677 FEC ID number of contributing federal political committee. Name of Employer Self-Employed C. Dirthodontist Receipt For: Primary General Aggregate Year-to-Date ▼		Mailing Address 1130 Derby Ln			
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Receipt For: Primary General Other (specify) ▼ 250.00			C		250.00
Primary General Other (specify) ▼ Date of Receipt		Name of Employer Self-Employed			
C. Date of Receipt Date of Receipt Mame (Last, First, Middle Initial)			Aggregate	e Year-to-Date ▼	
C. Dr. Craig H. Davis Mailing Address 1500 Oak Springs Ln City State Zip Code Santa Rosa CA 95404 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			0 0	250.00	
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Receipt For: Primary Other (specify) ▼ Occupation Orthodontist Aggregate Year-to-Date 250.00		Santa Rosa	CA	95404	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			C		250.00
Primary General Other (specify) ▼ 250.00		Name of Employer Self-Employed	1 '		
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 175 / 251 (check only one) X 11a 11b 11c 12
	Any information copied from such Reports and S or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persoldress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
∠ A .	Full Name (Last, First, Middle Initial) Dr. Kimberly Gronberg			Date of Receipt
	Mailing Address 803 Woodhaven Dr			07 31 2009
	City	State	Zip Code	Transaction ID: 5361384
	<u>Lewisville</u>	TX	75077-6405	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. Raymond E. Barbre			Date of Receipt
	Mailing Address 3606 Gardenia Dr			07 31 YYYYY 2009
	City	State	Zip Code	Transaction ID: 5361385
	Arlington	TX	76016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
С.	Full Name (Last, First, Middle Initial) Dr. Michael J. Riccio			Date of Receipt
	Mailing Address 4 Fille St			07 31 7 2009
	City <u>Ipswich</u>	State MA	Zip Code 01938	Transaction ID: 5361386 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodo		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each o	rate schedule(s) category of the Summary Page	FOR LINE NUMBER: PAGE 176 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may not be sold name and address of any p	or used by any perso political committee to	
	AMERICAN ASSOCIATION OF ORTH	ODONTISTS POLITIC	AL ACTION COM	MMITTEE
	Full Name (Last, First, Middle Initial) Dr. Mart Gaynor McClellan			Date of Receipt
	Mailing Address 1133 Edgewood Rd City	State Zip Cod	0	07 31 2009
	Lake Forest	IL 60045	е	Transaction ID: 5361387 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
_	Full Name (Last, First, Middle Initial) Dr. James J. Bancroft			Date of Receipt
	Mailing Address			07 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Cod	е	Transaction ID: 5361388
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date	250.00	
	Full Name (Last, First, Middle Initial) Dr. David C. McReynolds			Date of Receipt
	Mailing Address 925 Ridge Ct			07 31 2009
	City	State Zip Cod	е	Transaction ID: 5361389
	Keller FEC ID number of contributing federal political committee.	TX 76248		Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
	BUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 177 / 251 (check only one)
			Detailed Summary Page	13 14 15 16 17
	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma name and ad	by not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	ODONTIST	IS POLITICAL ACTION CON	/MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Robert S. Goldie			Date of Receipt
	Mailing Address 8801 Lake Sheen Ct			08 07 2009
	City	State	Zip Code	Transaction ID: 5380557
	Orlando	FL	32836	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00]
- В.	Full Name (Last, First, Middle Initial) Dr. Heather L. Zablocki			Date of Receipt
	Mailing Address 19293 Skyline			08 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5380559
	Roseville	MI	48066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
С. С.	Full Name (Last, First, Middle Initial) Dr. Jim L. Caskey			Date of Receipt
	Mailing Address 1212 Western Hills Dr			08 07 7 2009
	City Sherman	State TX	Zip Code 75092	Transaction ID: 5380560 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 178 / 251 (check only one) X
or for commercial purposes, other than u NAME OF COMMITTEE (In Full)	is and Statements may not be sold or used by any person sing the name and address of any political committee to	o solicit contributions from such committee.
AMERICAN ASSOCIATION OF	ORTHODONTISTS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Bryan D. Jennings Mailing Address PO Box 29463		Date of Receipt
PO Box 29463		08 07 2009
City	State Zip Code	Transaction ID: 5380561
San Antonio	TX 78229	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Karen Marie Leavy		Date of Receipt
Mailing Address 37 Cornell Ln		08 07 2009
City	State Zip Code	Transaction ID: 5380562
Hicksville	NY 11801	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Mark S. Mappes		Date of Receipt
Mailing Address 7604 River Fork		08 / 07 / 4 4 4 4 4
City <u>Na</u> shville	State Zip Code TN 37221	Transaction ID: 5380563
FEC ID number of contributing federal political committee.	TN 37221	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (opt	ional)	750.00
TOTAL This Period (last page this line)	number only)	

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 179 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Report or for commercial purposes, other than under the NAME OF COMMITTEE (In Full)	ts and Statements may not be sold or used by any perso ising the name and address of any political committee to	
AMERICAN ASSOCIATION OF	ORTHODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Michael H. Moore Mailing Address 5401 Rockwood	104	Date of Receipt
		08 07 2009
City El Paso	State Zip Code TX 79932	Transaction ID: 5380564
FEC ID number of contributing federal political committee.	C 79932	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gregory Guy Campi		Date of Receipt
Mailing Address 11 Willow Ct		08 07 7 2009
City	State Zip Code	Transaction ID: 5380565
Shrewsbury FEC ID number of contributing federal political committee.	NJ 07702	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey W. Jordan		Date of Receipt
Mailing Address 1040 Lake Shor	re Overlook	08 07 7 2009
City <u>Alpharetta</u>	State Zip Code GA 30005	Transaction ID: 5380566 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	
SUBTOTAL of Receipts This Page (op	tional)	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 180 / 251 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	Statements may not be sold or used by any person e name and address of any political committee to HODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Holly Wentz Reeves Mailing Address 4704 86th St City Lubbock FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 79424 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Stephen P. Henry Mailing Address 16757 Santanella St City San Diego FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92127-3307 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Robert R. Westbrook, Jr. Mailing Address 317 Tracy Ln City Victoria FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code TX 77904-2410 C Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 181 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A 0	ny information copied from such Reports and r for commercial purposes, other than using the	Statements may not be sold or used by any perename and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS POLITICAL ACTION C	OMMITTEE
	Full Name (Last, First, Middle Initial) Dr. A. Page Jacobson		Date of Receipt
	Mailing Address 14128 NW 15th Ln		08 10 2009
	City Gainesville	State Zip Code FL 32606	Transaction ID: 5380601
	FEC ID number of contributing federal political committee.	C 32000	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Robert F. Girgis		Date of Receipt
	Mailing Address 1315 Brittany Ave		08 10 7 2009
	City	State Zip Code	Transaction ID: 5380603
	Naperville	IL 60540	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
_	Full Name (Last, First, Middle Initial) Dr. Lisa King		Date of Receipt
	Mailing Address 12110 San Francisco	NE	08 10 2009
	City	State Zip Code	Transaction ID: 5380605
	Albuquerque FEC ID number of contributing federal political committee.	NM 87122	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontist	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Г			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 182/251 (check only one)
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RTHODONTIST	'S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Alvin J. Tight, II			Date of Receipt
Mailing Address 2116 NE 45th St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Lauderdale	State FL	Zip Code 33308	Transaction ID: 5380606
FEC ID number of contributing federal political committee.	C	33300	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Christoph F. Haar	Date of Receipt		
Mailing Address 424 Mariposa Dr	08 / 10 / Y Y Y Y Y		
City Ventura	State CA	Zip Code 93001	Transaction ID: 5380607
FEC ID number of contributing federal political committee.	C	93001	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify) ▼	 '	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Rotho Angelakis			Date of Receipt
Mailing Address 901 S Northlake Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5381318
Hollywood FEC ID number of contributing federal political committee.	FL C	33019	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 183 / 251 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI	Statements may not be sold or used by any perse name and address of any political committee the HODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. James R. Wortham Mailing Address 1316 Belleaire Cir City Orlando FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code FL 32804 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M
Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Robert Baarsvik Mailing Address 712 Dana Farms City Fairhaven FEC ID number of contributing federal political committee.	State Zip Code MA 02719	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Eric J. Atha Mailing Address 3230 Atrium Pt	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt
City Colorado Springs FEC ID number of contributing federal political committee.	State Zip Code CO 80906	Transaction ID: 5381321 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 184 / 251 (check only one) X 11a 11b 11c 12			
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may not be sold or used by any persor the name and address of any political committee to	13 14 15 16 11 In for the purpose of soliciting contributions solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	RTHODONTISTS POLITICAL ACTION COM				
Full Name (Last, First, Middle Initial) Dr. Michael Harley Sebastian		Date of Receipt			
Mailing Address 1035 Angelo Ct		0 8 1 0 2 0 9			
City	State Zip Code	Transaction ID: 5381322			
<u>Atlanta</u>	GA 30319	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Jeffrey D. Loveless		Date of Receipt			
	Mailing Address 1940 Woodcrest Dr NE				
City	State Zip Code	Transaction ID: 5381323			
Owatonna	MN 55060	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For:	Aggregate Year-to-Date ▼				
Primary General Other (specify) ▼	250.00				
Full Name (Last, First, Middle Initial) Dr. Nicholas D. Barone		Date of Receipt			
Mailing Address 19 Fair Oaks Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City Lincoln	State Zip Code RI 02865	Transaction ID: 5381324 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist	†			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SURTOTAL of Receipts This Page (options	l)	750.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 185 / 251 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	IODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Keith J. Kohrs			Date of Receipt
Mailing Address 3267 Chandon Way			08 10 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5381325
Highlands Ranch FEC ID number of contributing federal political committee.	CO	80126	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		_
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Frank J. Stich, III			Date of Receipt
Mailing Address 524 Wales Ct			08 / 10 / Y Y Y Y Y Y Y
Coppell	State TX	Zip Code	Transaction ID: 5381326
Coppell FEC ID number of contributing federal political committee.	C	75019	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert T. Caskey			Date of Receipt
Mailing Address 3420 S Moore Cir			08 10 7 9 9
City	State	Zip Code	Transaction ID: 5381327
Flagstaff FEC ID number of contributing federal political committee.	AZ C	86001	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 186 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pers g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Boyd Welton Mailing Address 12892 S Verona C		Date of Receipt 0 8 1 0 2 0 0 9
City Riverton FEC ID number of contributing	State Zip Code UT 84065	Transaction ID: 5381328 Amount of Each Receipt this Period 250.00
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	230.00
Full Name (Last, First, Middle Initial) Dr. Terry A. Levitt Mailing Address 19 Spruce Dr		Date of Receipt 0 8 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 5381331
Holland FEC ID number of contributing federal political committee.	PA 18966	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Craig C. Lewis		Date of Receipt
Mailing Address 1757 Lee Janzen [Or	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Kissimmee</u>	State Zip Code FL 34744	Transaction ID: 5381332 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	750.00

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE Full Name (Last, First, Middle Initial) Dr. Jeffrey D. Bert Mailing Address 273 Walkley Hill Rd City State Zip Code CT 06438 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ City State Zip Code Primary General Orthodontist Receipt For: Primary General Other (specify) ▼ City State Zip Code Transaction ID: 5381333 Amount of Each Receipt this Period Date of Receipt Mailing Address 21011 James Long Ct City State Zip Code Transaction ID: 5381334 Amount of Each Receipt this Period Transaction ID: 5381334 Amount of Each Receipt for: Mailing Address 21011 James Long Ct City State Zip Code Transaction ID: 5381334 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 City State Zip Code Transaction ID: 5381334 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. C 250.00 Full Name (Last, First, Middle Initial) Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00 Full Name (Last, First, Middle Initial) Orthodontist Receipt For: Primary General Other (specify) ▼ 250.00					
Apy information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) AME		•		for each category of the	(check only one)
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE A. D. Jeffrey D. Bert Maling Address 273 Walkley Hill Rd City State Zip Code Transaction ID: 5381333 Amount of Each Receipt Using Indicate political committee. Name of Employer Self-Employed Self-Employed Self-Employed Other (specify) ▼ Receipt For: Primary General Other (specify) ▼ Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ City State Zip Code Transaction ID: 5381333 Amount of Each Receipt this Period Date of Receipt Name of Employer Self-Employed Self-Employed Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Primary General Other (specify) ▼ Date of Receipt Initial Decomposition Orthodontist Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Date of Receipt Initial Decomposition Orthodontist Primary General Other (specify) ▼ Date of Receipt Initial Decomposition Decomposition Decomposition Decomposition Decomposition Decomposition Decomposition Orthodontist Primary General Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Optical committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Optical Committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Optical Committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Optical Committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Optical Committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Optical Committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Optical Committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Optical Committee. Name of Employer Self-Employed Orthodontist Primary Gen	_			Detailed Summary Fage	
A. D. Jettery D. Bert Malling Address 273 Walkley Hill Rd City Haddam CT Obes 438 FEC ID number of contributing federal political committee. Name of Employer Set Employer Orthodontist Receipt For: Primary General Other (specify) ▼ State CC Occupation Orthodontist Receipt For: Primary FEC ID number of contributing federal political committee. CIT Obes 438 Amount of Each Receipt this Period Transaction ID: 5381333 Amount of Each Receipt this Period Date of Receipt Aggregate Year-to-Date ▼ Transaction ID: 5381334 Amount of Each Receipt this Period Transaction ID: 5381334 Amount of Each Receipt this Period Transaction ID: 5381334 Amount of Each Receipt this Period Transaction ID: 5381334 Amount of Each Receipt this Period Transaction ID: 5381334 Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period Transaction ID: 5381335 Transaction ID: 538134		Any information copied from such Reports and Sta or for commercial purposes, other than using the n	itements may name and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
A. Pull Name (Last, First, Middle Initial) City Haddam FEC ID number of contributing lederal political committee. B. Dr. Hall Cast. First, Middle Initial) City State C C C C C C C C C C C C C C C C C C C		` '			
A. D. Jelfery D. Bet at Mailing Address 273 Walkley Hill Rd City State Zip Code CT 06438 FEC ID number of contributing federal political committee. Name of Employer General Other (specify) ▼ 250.00 City State Zip Code Trimascution ID: 5381333 B. D. Hall C. Stevenson Mailing Address 21011 James Long Ct City State Zip Code TX 77469 FICI D number of contributing federal political committee. Name of Employer General Other (specify) ▼ 250.00 Date of Receipt Trimascution ID: 53813334 Amount of Each Receipt this Period 250.00 Date of Receipt Trimascution ID: 5381334 Amount of Each Receipt Trimascution ID: 5381335 Amount of Each Receipt Trimascution ID: 5381335 Full Name (Last, First, Middle Initial) Dr. Date of Receipt Trimascution ID: 5381335 City State Zip Code Trimascution ID: 5381335 Full Name (Last, First, Middle Initial) Dr. Date of Receipt Trimascution ID: 5381335 Amount of Each Receipt		AMERICAN ASSOCIATION OF ORTHO	DONTIST	'S POLITICAL ACTION COM	IMITTEE
City State Zip Code Haddam CT 66438 FEC ID number of contributing federal policical committee. Name of Employer Soft-Employed Orthodontist	Α.		Date of Receipt		
Haddam CT 06438 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For:		Mailing Address 273 Walkley Hill Rd			
Second Committee C		City	State	Zip Code	Transaction ID: 5381333
Name of Employer Occupation Orthodontist		<u>Haddam</u>	CT	06438	Amount of Each Receipt this Period
Self-Employed			C		250.00
Primary		Name of Employer Self-Employed			
B. Full Name (Last, First, Middle Initial) Dr. Hal C. Stevenson Mailing Address 21011 James Long Ct City State Zip Code Richmond TX 77469 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ C State Zip Code Transaction ID: 5381334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5381334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5381335 Transaction ID: 5381335 Date of Receipt this Period Date of Receipt Date of Receipt Date of Receipt Date of Receipt Transaction ID: 5381335 Amount of Each Receipt this Period Date of Receipt Agaregate Year-to-Date Transaction ID: 5381335 Transaction ID: 5381335 Amount of Each Receipt this Period Date of Receipt			Aggregate	e Year-to-Date ▼	
B. Dr. Hal C. Stevenson Mailing Address 21011 James Long Ct City State Zip Code TX 77469 FEC ID number of contributing federal political committee. Name of Employer Self-Employed City State Zip Code TX 77469 Formary General Other (specify) ▼ 250.00 Date of Receipt M M M / D D / Y 2009 Transaction ID: 5381334 Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Transaction ID: 5381334 Amount of Each Receipt this Period Date of Receipt Transaction ID: 5381335 Date of Receipt Transaction ID: 5381335 Amount of Each Receipt M M M D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				250.00	
City State Zip Code Richmond TX 77469 FEC ID number of contributing federal political committee. Name of Employer Self-Employed C Dither (specify) ▼ C Date of Receipt For: Primary General Genera	- В.				Date of Receipt
Richmond TX 77469 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Date of Receipt Mailing Address 4923 Monta Vista Dr E City State Zip Code WA 98372 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Amount of Each Receipt this Period Transaction ID: 5381335 Amount of Each Receipt this Period 250.00		Mailing Address 21011 James Long Ct			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Dr. David L. Crouch Mailing Address 4923 Monta Vista Dr E City State Zip Code WA 98372 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		•		·	
Name of Employer Occupation Orthodontist		Richmond	TX	77469	Amount of Each Receipt this Period
Receipt For:		FEC ID number of contributing federal political committee.	С		250.00
Primary General Other (specify) ▼ Date of Receipt		Name of Employer Self-Employed			
C. Full Name (Last, First, Middle Initial) Dr. David L. Crouch Mailing Address 4923 Monta Vista Dr E City State Zip Code Edgewood WA 98372 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Date of Receipt Transaction ID: 5381335 Amount of Each Receipt this Period 250.00			Aggregate	e Year-to-Date ▼	
C. Dr. David L. Crouch Mailing Address 4923 Monta Vista Dr E City State Zip Code Edgewood WA 98372 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				250.00	
City Edgewood WA 98372 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Page 2009 Transaction ID: 5381335 Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date ▼ 250.00	с. С.				Date of Receipt
Edgewood FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 250.00 Amount of Each Receipt this Period 250.00		Mailing Address 4923 Monta Vista Dr E			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) Other (specify) 250.00		City	State	Zip Code	Transaction ID: 5381335
Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Occupation Orthodontist Aggregate Year-to-Date 250.00		Edgewood	WA	98372	Amount of Each Receipt this Period
Receipt For: Primary Other (specify) Aggregate Year-to-Date 250.00			C		250.00
Primary General Other (specify) ▼ 250.00		Name of Employer Self-Employed			
SUBTOTAL of Receipts This Page (optional)		Primary General	Aggregate		
		SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 188 / 251 (check only one) X
or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persoring the name and address of any political committee to sold DRTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Douglas S. Harte		Date of Receipt
Mailing Address 13 Boynton Dr		08 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5381336
Livingston	NJ 07039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Clifford E. Campbell		Date of Receipt
Mailing Address 2117 Miller Landin	ng Rd	0 8 1 0 2 0 0 9
City	State Zip Code	Transaction ID: 5381337
<u>Tallahassee</u>	FL 32312-9000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Darrel R. Sherman		Date of Receipt
Mailing Address 1200 Hillcrest		0 8 1 0 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5381338
Longview	TX 75601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist]
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedu for each category of t Detailed Summary Pa	he (crieck offly offe)
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by a the name and address of any political com	any person for the purpose of soliciting contributions imittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Nicholas P. Mellion Mailing Address 8715 Baneberry Cir	NW	Date of Receipt
City Clinton FEC ID number of contributing	State Zip Code OH 44216	Transaction ID: 5381339 Amount of Each Receipt this Period
Receipt For: Primary Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250	.00
Full Name (Last, First, Middle Initial) Dr. George E. Davis, III Mailing Address 2636 Mulberry Row	Rd	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Midlothian FEC ID number of contributing federal political committee.	State Zip Code VA 23113	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼	.00
Full Name (Last, First, Middle Initial) Dr. David C. Small Mailing Address 7769 Pinecone Ln		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Hickory FEC ID number of contributing federal political committee.	State Zip Code NC 28602	Transaction ID: 5381344 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250	.00
SUBTOTAL of Receipts This Page (optiona)	750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 190 / 251 (check only one) X
Any or f	y information copied from such Reports and S for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
	Full Name (Last, First, Middle Initial) Dr. Henry D. Browning, IV			Date of Receipt
	Mailing Address 1117 Princeton Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5381345
	Wilmington	NC	28403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Danny Terry Smith	1		Date of Receipt
	Mailing Address 107 Seward St			08 10 2009
	City	State	Zip Code	Transaction ID: 5381346
	Thomasville	GA	31792-5528	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Dr. W. Eugene Roberts			Date of Receipt
	Mailing Address 8260 Skipjack Dr			08 10 2009
	City	State	Zip Code	Transaction ID: 5381347
	Indianapolis	IN	46236	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
	JBTOTAL of Receipts This Page (optional)	<u> </u>		600.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 191 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person g the name and address of any political committee to part of the name and address of any political committee to part of the name and address of any political committee to part of the name and address of any political action compared to the name and address of any political action compared to the name and address of any person of the name and address of any political action committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of th	
Full Name (Last, First, Middle Initial) Dr. D. Gary Mobley Mailing Address 500 Verna Ln City Denison FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code TX 75020-4130 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Scott E. Prose	250.00	Date of Receipt
Mailing Address 3001 Fox Glen Ct City Saintt Charles FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code IL 60174-1981 C Occupation Orthodontist Aggregate Year-to-Date	Transaction ID: 5381349 Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Ronald G. Toothman Mailing Address PO Box 185	250.00	Date of Receipt
Mailing Address PO Box 185 City Chewsville FEC ID number of contributing federal political committee.	State Zip Code MD 21783	Transaction ID: 5381350 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 192 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Michael Messana Mailing Address 42 Locust Ln		Date of Receipt
City East Ruthrford	State Zip Code NJ 07073	Transaction ID: 5381351 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00]
Full Name (Last, First, Middle Initial) Dr. Kelly Miller Giannetti Mailing Address 1923 Arena Drive		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Davis FEC ID number of contributing federal political committee.	State Zip Code CA 95618	Transaction ID: 5381352 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00]
Full Name (Last, First, Middle Initial) Dr. Tom H. Shelly Mailing Address 714 15th Ave N		Date of Receipt
City Fort Dodge	State Zip Code IA 50501-3958	Transaction ID: 5381353 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed Receipt For:	Occupation Orthodontist Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00]
SUBTOTAL of Receipts This Page (optional	J)	750.00

INE NUMBER: PAGE 193 / 251 c only one) 1a 11b 11c 12 3 14 15 16 11
purpose of soliciting contributions ntributions from such committee.
E
te of Receipt
8 1 0 2 0 0 9 nsaction ID: 5381354
nount of Each Receipt this Period
250.00
te of Receipt
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nsaction ID: 5381700
nount of Each Receipt this Period
250.00
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nsaction ID: 5381701
nount of Each Receipt this Period
250.00
750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 194 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
<u> </u>	vinformation copied from such Reports and Sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH	HODONTIST	S POLITICAL ACTION COM	MMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Douglas M. Brown			Date of Receipt
	Mailing Address 581 Contra Costa Way	/ State	Zip Code	0 8
	City Claremont	CA	91711-2205	Transaction ID: 5381702 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Scott W. Ralph Mailing Address 14101 E Burnett Rd			Date of Receipt
	Mailing Address 14101 E Bufflett Rd			08 12 2009
	City	State	Zip Code	Transaction ID: 5381703
	Spokane	WA	99217	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodol		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. Carlyn S. Phucas			Date of Receipt
	Mailing Address 59 Bortons Rd			08 13 2009
	City	State	Zip Code	Transaction ID: 5383748
	MarIton FEC ID number of contributing federal political committee.	NJ C	08053	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupatio Orthodo		
	Receipt For: Primary General Other (specify)		e Year-to-Date ▼ 250.00	
SI	JBTOTAL of Receipts This Page (optional)	1		750.00
	OTAL This Period (last page this line number		<u> </u>	

,	SCHEDULE A (FEC Form 3X)	(FEC Form 3X) Use separate schedule(s)		FOR LINE NUMBER: PAGE 195 / 251
	ITEMIZED RECEIPTS	•	for each category of the	(check only one)
11	EIVIIZED RECEIP I S		Detailed Summary Page	X 11a 11b 11c 12
_			, ŏ	13 14 15 16 17
	Any information copied from such Reports and Star or for commercial purposes, other than using the na	itements may	not be sold or used by any perso	n for the purpose of soliciting contributions solicit contributions from such committee
 	NAME OF COMMITTEE (In Full)			22 2324.0
	AMERICAN ASSOCIATION OF ORTHO	TPITINOUL	S POLITICAL ACTION COM	IMITTEE
	AMERICAN ACCOUNTION OF CITTIES	DONTION	OT CEITICAL ACTION CON	
Α.	Full Name (Last, First, Middle Initial) Dr. Edward A. Cronauer			Date of Receipt
	Mailing Address 3010 Sorrel Ct			08 13 2009
	City	State	Zip Code	Transaction ID: 5383749
	Weston	FL	33331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		7
		Orthodon		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	250.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
- В.	Full Name (Last, First, Middle Initial) Dr. William R. Hyman			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
				08 13 2009
	City	State	Zip Code	Transaction ID: 5383750
				Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Self-Employed	Occupation		
		Orthodon		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Cuter (Speedify)	0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			Date of Descipt
C.	Dr. James E. Lupi Mailing Address 42 Hermitage Dr			Date of Receipt
	Mailing Address 42 Hermitage Dr			08 13 2009
	City	State	Zip Code	Transaction ID: 5383752
	Stafford	VA	22556	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation		7
	Receipt For:	Orthodon		-
	Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	(1-2-7) V	-	0 0 0 0 0 0 0	'
Γ				
	SUBTOTAL of Receipts This Page (optional)		.	750.00
L	1 -9- (-1 3-)			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 196 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any persong the name and address of any political committee to the name and address of any political committee to the name and address of any political committee to the name and address of any political action continuous continuous and the name and th	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Keith B. Dressler Mailing Address 9 St Ives Way City Signal Mountain FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code TN 37377 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. John A. Gerling	250.00	Date of Receipt
Mailing Address 616 Avocet City McAllen FEC ID number of contributing federal political committee.	State Zip Code TX 78504	Transaction ID: 5383754 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Rand D. Brown Mailing Address 7861 S Siesta Dr City	State Zip Code	Date of Receipt M M D D Y Y Y Y Y Y Y Y
Sandy FEC ID number of contributing federal political committee.	UT 84093	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

	OULE A (FEC Form 3X) ZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19//251 (check only one) X 11a
Any inform	nation copied from such Reports and Sumercial purposes, other than using the	tatements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) RICAN ASSOCIATION OF ORTH	IODONTIST	'S POLITICAL ACTION COM	MMITTEE
	ame (Last, First, Middle Initial) Courtney Gorman			Date of Receipt
	Address 2407 Overlook Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 5383756
<u>Mario</u>	n	IN	46952	Amount of Each Receipt this Period
	O number of contributing political committee.	C		250.00
Name (Self-E	of Employer mployed	Occupation Orthodor		
	ot For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	ame (Last, First, Middle Initial) ad Bulleigh			Date of Receipt
	Address 21609 W 50th Terr			08 13 7 2009
City		State	Zip Code	Transaction ID: 5383757
<u>Shaw</u>	nee	KS	66226	Amount of Each Receipt this Period
	O number of contributing political committee.	С		250.00
Name (Self-E	of Employer mployed	Occupation Orthodor		
Receip	ot For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
	ame (Last, First, Middle Initial) uglas D. Durbin			Date of Receipt
	Address 1731 Woods Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	1 20 .	State	Zip Code	Transaction ID: 5383758
	lasville	KY	40356	Amount of Each Receipt this Period
federal	O number of contributing political committee.	C		250.00
	of Employer mployed	Occupation Orthodor	ntist	
Receip		Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
				750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 198 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. David W. Wardlaw			Date of Receipt
Mailing Address 6 River Ridge Rd			08 13 2009
City	State	Zip Code	Transaction ID: 5383759
Little Rock	AR	72227	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth Brehnan			Date of Receipt
Mailing Address 1886 Centro West			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5383760
Tiburon	CA	94920	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. K. George Elassal	1		Date of Receipt
Mailing Address 12313 Swanhaven			0 8 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: 5383761
Oklahoma City	OK	73170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	1		750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 199 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	I Statements may not be sold or used by any person the name and address of any political committee to STHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Gerald P. Tadej Mailing Address 2809 Cormier Dr		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City <u>Bakersfield</u> FEC ID number of contributing	State Zip Code CA 93311	Transaction ID: 5383762 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. James J. Awbrey, IV Mailing Address 1210 Troon Ct City Alpharetta FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code GA 30005 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Andre Haerian Mailing Address 519 Oswego City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MI 48104 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 200 / 251 (check only one) X
	I Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	THODONTISTS POLITICAL ACTION CO	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Matthew D. Swatman Mailing Address 400 E Orangeburg A	.ve #3	Date of Receipt
City	State Zip Code	0 8 1 3 2 0 0 9 Transaction ID: 5383765
Modesto	CA 95350	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Bryan P. Horsley	1	Date of Receipt
Mailing Address 11238 Calais Circle		08 / 03 / 2009
City	State Zip Code	Transaction ID: 5383766
<u>Highland</u>	UT 84002	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Dr. Lloyd Noel		Date of Receipt
Mailing Address 420 SW Riverbend [)r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5383767
West Linn	OR 97068	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 201 / 251 (check only one) X 11a
Any information copied from such Reports a or for commercial purposes, other than using	and Statements may g the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O	<u> </u>		
Full Name (Last, First, Middle Initial) Dr. Kerry White Brown			Date of Receipt
Mailing Address 1117 Weston Rd			08 13 2009
City	State	Zip Code	Transaction ID: 5383768
Hopkins FEC ID number of contributing federal political committee.	SC	29061	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Richard L. Bridgham			Date of Receipt
Mailing Address 6 Lalli Dr			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Katonah	State NY	Zip Code 10536	Transaction ID: 5383769
FEC ID number of contributing federal political committee.	C	10330	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	· · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Phillip R. Parker	I		Date of Receipt
Mailing Address 4608 Sherburne R	d		0 8 1 3 2 0 0 9
City	State	Zip Code	Transaction ID: 5383771
Norman FEC ID number of contributing federal political committee.	OK C	73072-4233	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	-1)		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 202 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personante name and address of any political committee to THODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Jeremy Ray McKinney Mailing Address 11660 Knollwood Ro	d	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5383772
Northport	AL 35475	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Pat DiCiccio		Date of Receipt
Mailing Address 8045 N Rivers Edge		08 / 03 / 2009
City Fresno	State Zip Code CA 93711	Transaction ID: 5383773
FEC ID number of contributing federal political committee.	CA 93711	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Rachel M. Glancy		Date of Receipt
Mailing Address 3222 Sunridge Dr S		08 18 2009
City Salem	State Zip Code OR 97302	Transaction ID: 5389653 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional))	750.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 203 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In	n Full)	ay not be sold or used by any personderess of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee. MMITTEE
Full Name (Last, First, Midd Dr. James D. Harkins Mailing Address 218 Wir City Coraopolis FEC ID number of contribut federal political committee. Name of Employer Self-Employed	State PA ing Occupati Orthodo	ontist	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Gen Other (specify) ▼		te Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd Dr. M. John Pautienis Mailing Address 155 Wo	podside Dr		Date of Receipt 0 8 1 8 2 0 0 9
City West Barnstable FEC ID number of contribut federal political committee.	State MA	Zip Code 02668-1740	Transaction ID: 5389655 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary Gen Other (specify) ▼			
Full Name (Last, First, Midd Dr. Thomas J. Weber Mailing Address 17823 E	lle Initial) Englewood Cir		Date of Receipt 0 8 1 8 2 0 0 9
City Omaha FEC ID number of contribut	State NE	Zip Code 68135	Transaction ID: 5389657 Amount of Each Receipt this Period
federal political committee. Name of Employer Self-Employed	Occupati		250.00
Receipt For: Primary Gen Other (specify) ▼	Aggrega	te Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	itatements ma	Use separate schedule(s) for each category of the Detailed Summary Page y not be sold or used by any perso	FOR LINE NUMBER: PAGE 204 / 251 (check only one) X
	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH Full Name (Last, First, Middle Initial)			IMITTEE
Α.	Dr. James E. Hatcher Mailing Address 147 Inwood Tr City	State	Zip Code	Date of Receipt 0 8
	Madison FEC ID number of contributing federal political committee.	AL C	35758	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Orthodor Aggregate		
— В.	Full Name (Last, First, Middle Initial) Dr. Sammy A. Caves Mailing Address 9240 River Rd City Fortson FEC ID number of contributing federal political committee.	State GA	Zip Code 31808	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Occupatio Orthodor		
С.	Full Name (Last, First, Middle Initial) Dr. Henry S. Zaytoun, Sr. Mailing Address 3353 Alleghany Dr City	State	Zip Code	Date of Receipt M M
	Raleigh FEC ID number of contributing federal political committee.	NC C	27609-6903	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼	Occupatio Orthodor Aggregate		
	SUBTOTAL of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 205 / 251 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OI			
Full Name (Last, First, Middle Initial) Dr. Henry S. Zaytoun, Jr.			Date of Receipt
Mailing Address 325 Buncombe St			08 18 2009
City	State	Zip Code	Transaction ID: 5396349
Raleigh FEC ID number of contributing federal political committee.	C	27609	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		7
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mary Paula Zaytoun			Date of Receipt
Mailing Address 809 Lakestone Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Raleigh	State NC	Zip Code 27609	Transaction ID: 5396350
FEC ID number of contributing federal political committee.	C	27009	Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. John Michael Tilghman			Date of Receipt
Mailing Address 26852 Robert Burn	ıs Ln		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5396351
Salisbury FEC ID number of contributing federal political committee.	MD C	21801	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
			1000.00

SCHEDULE ITEMIZED I	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 206 / 251 (check only one) X 11a
NAME OF CO	DMMITTEE (In Full)		y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
		100001151	5 POLITICAL ACTION CON	///////// I E E
Full Name (La: Dr. Chris H. He	st, First, Middle Initial) enry			Date of Receipt
Mailing Addres	SS			08 18 2009
City		State	Zip Code	Transaction ID: 5396352 Amount of Each Receipt this Period
FEC ID number federal political	er of contributing al committee.	C		500.00
Name of Empl Self-Employed	loyer d	Occupatio Orthodor		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (La Dr. David O. Ac	st, First, Middle Initial)			Date of Receipt
· -	ss 2409 El Encino Dr	08 18 2009		
City		State	Zip Code	Transaction ID: 5396353
Mission FEC ID number federal political	er of contributing al committee.	C	78574	Amount of Each Receipt this Period 250.00
Name of Empl Self-Employed	loyer d	Occupatio Orthodor		
Receipt For: Primary Other (s	General pecify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (La: Dr. Albert A. Pil	st, First, Middle Initial)	<u> </u>		Date of Receipt
	ss 75 Oakland Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Oakdale		State CT	Zip Code 06370	Transaction ID: 5396355 Amount of Each Receipt this Period
FEC ID number federal political	er of contributing al committee.	C		250.00
Name of Empl Self-Employed	loyer d	Occupatio Orthodor		
Receipt For: Primary Other (s	General pecify) ▼		e Year-to-Date ▼ 350.00	
SUBTOTAL of F	Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 207 / 251 (check only one) X 11a
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH			
Full Name (Last, First, Middle Initial) Dr. Joseph K. Vargo Mailing Address 25 Forest Meadow Dr City Rome FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State	Zip Code 30165	Date of Receipt M M M
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year	250.00 -to-Date ▼	
Full Name (Last, First, Middle Initial) Dr. Alton C. Bishop Mailing Address 4615 Meandering Wa	у		Date of Receipt M
City		Zip Code	Transaction ID: 5396358
Colleyville FEC ID number of contributing federal political committee.	C	76034-4530	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Orthodontist Aggregate Year	r-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Timothy J. Tremont			Date of Receipt
Mailing Address 3 Concord Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		Zip Code	Transaction ID: 5396359
McKeesport FEC ID number of contributing federal political committee.	PA C	15135-3109	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .			750.00

ITEMIZE	D RECEIPTS	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 208 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
or for comme	ercial purposes, other than using the recommittee (In Full) CAN ASSOCIATION OF ORTHO	name and ad	dress of any political committee to	solicit contributions from such committee.
Dr. Marlin				Date of Receipt
Mailing Ad	ddress 412 Garden Dr			08 18 2009
City		State	Zip Code	Transaction ID: 5396360
<u>Batavia</u>		NY	14020-1718	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E Self-Empl	Employer loyed	Occupatio Orthodor		
Receipt Formal Print Other		Aggregate	e Year-to-Date ▼ 500.00	
	Le (Last, First, Middle Initial) H. Lindsey, Jr.			Date of Receipt
	ddress 7306 W US Hwy 70			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 5396361
<u>Plainvie</u>	W	TX	79072-0715	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E Self-Empl	Employer loyed	Occupatio Orthodor		
Receipt Form		Aggregate	e Year-to-Date ▼ 250.00	
	e (Last, First, Middle Initial) en L. Sherman			Date of Receipt
Mailing Ad	ddress 422 Highland Crossing			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: 5396362
Baton R	•	LA	70810	Amount of Each Receipt this Period
	umber of contributing litical committee.	C		250.00
Name of E Self-Empl	Employer loyed	Occupatio Orthodor		
Receipt Formatte		Aggregate	e Year-to-Date ▼ 250.00	
	L of Receipts This Page (optional)			750.00

City State Zip Code ND 58503 Amount of Each Receipt this Peric 250. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ CC Self-Employed State Zip Code TX 76801 FEC ID number of contributing rederal political committee. Date of Receipt For: Primary General Other (specify) ▼ City State Zip Code TX 76801 FEC ID number of contributing rederal political committee. Name of Employer General Other (specify) ▼ CC Self-Employed State Zip Code TX 76801 FEC ID number of contributing rederal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ CC Self-Employed State Zip Code TX 76801 Full Name (Last, First, Middle Initial) Dr. Lew B. Sample Mailing Address 1305 Brindwood Ln SE City State Zip Code AL 35601 FEC ID number of contributing rederal political committee. CC State Zip Code TX 76801 FEC ID number of contributing rederal political committee. CC State Zip Code TX 76801 FEC ID number of contributing rederal political committee. CC State Zip Code TX 76801 Amount of Each Receipt this Peric TX 76801 FEC ID number of contributing rederal political committee. CC State Zip Code TX 76801 Amount of Each Receipt this Peric TX 76801 CC CC TYP	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Benorts and S	tatements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 209 / 251 (check only one) X
A. Dr. John H. Warford, Jr. Mailing Address 3024 Cody Dr City State Zip Code Bismarck ND 58503 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ State Zip Code Primary General Other (specify) ▼ State Zip Code Primary General Other (specify) ▼ State Zip Code Date of Receipt this Peric Primary General Other (specify) ▼ State Zip Code Brownwood TX 76801 FEC ID number of contributing federal political committee. Name of Employer FEC ID number of contributing federal political committee. Name of Employer Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 5396364 Amount of Each Receipt this Peric Docupation Orthodontist Receipt For: Primary General Other (specify) ▼ State Zip Code Pacatur Al 35601 Date of Receipt Date of Receip	or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	solicit contributions from such committee.
City State Zip Code Bismarck ND 98503 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Cocupation Orthodontist Receipt For: Primary General Other (specify) ▼	Dr. John H. Warford, Jr.			-
Bismarck FEC ID number of contributing federal political committee. Name of Employer Self-Employed Primary General Other (specify) ▼ City State Zip Code TX 76891 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code TX 76891 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code TX 76891 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code TX 76891 FEC ID number of contributing federal political committee. Primary General Other (specify) ▼ City State Zip Code Tx 76891 Date of Receipt This Peric Tx 76891 Date of Receipt Time Peric Tx 76891 Date of Receipt Time Peric Tx 76891 Date of Receipt Time Peric Tx 76891 Transaction ID: 5396365 Amount of Each Receipt this Peric Tx 76891 Date of Receipt Time Tx 76891 Date	<u> </u>			08 18 2009
FEC ID number of contributing federal political committee. Name of Employer Self-Employed C. Primary General Orthodontist Receipt For: Primary General Orthodontist Pull Name (Last, First, Middle Initial) Dury John F. Oliver Mailing Address 2414 Crockett City State Zip Code TX 76801 FEC ID number of contributing federal orthodontist Receipt For: Aggregate Year-to-Date ▼ Primary General Orthodontist Aggregate Year-to-Date ▼ Date of Receipt Date of	-		•	
Receipt For:	FEC ID number of contributing		36303	250.00
Primary Other (specify) ▼ 250.00 Primary Other (specify) ▼ 250.00				
B. Dr. John F. Oliver Mailing Address 2414 Crockett City State Zip Code Brownwood TX 76801 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ City State Zip Code TX 76801 C C C C C C C C C C C C C C C C C C C	Primary General	Aggregate		
City State Zip Code Brownwood TX 76801 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lew B. Sample Mailing Address 1305 Brindwood Ln SE City State Zip Code AL 35601 Date of Receipt Transaction ID: 5396364 Amount of Each Receipt this Peric 250.00 Date of Receipt Transaction ID: 5396365 Transaction ID: 5396365 Transaction ID: 5396365 Amount of Each Receipt this Peric Transaction ID: 5396365 Amount of Each Receipt this Peric Transaction ID: 5396365 Amount of Each Receipt this Peric Transaction ID: 5396365 Amount of Each Receipt this Peric Primary General Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼				Date of Receipt
Brownwood TX 76801 Amount of Each Receipt this Peric FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ C. Full Name (Last, First, Middle Initial) Dr. Lew B. Sample Mailing Address 1305 Brindwood Ln SE City Decatur FEC ID number of contributing federal political committee. City State Zip Code Decatur AL 35601 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Name of Employer Self-Employed Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 5396365 Amount of Each Receipt this Peric Transaction ID: 5396365 Amount of Each Receipt this Peric Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	Mailing Address 2414 Crockett			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lew B. Sample Mailing Address 1305 Brindwood Ln SE City State Zip Code Decatur AL 35601 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Transaction ID: 5396365 Amount of Each Receipt this Perice Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	•		Zip Code	Transaction ID: 5396364
Self-Employed Orthodontist Receipt For:	FEC ID number of contributing		76801	Amount of Each Receipt this Period 250.00
Primary General Other (specify) ▼ Primary General Other (specify) ▼ Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Dr. Lew B. Sample Mailing Address 1305 Brindwood Ln SE City	Name of Employer Self-Employed			
Dr. Lew B. Sample Mailing Address 1305 Brindwood Ln SE City State Zip Code Decatur AL 35601 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Primary General	Aggregate		
City Decatur FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date O 8 18 200 Transaction ID: 5396365 Amount of Each Receipt this Period 250.				Date of Receipt
Decatur AL 35601 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	Mailing Address 1305 Brindwood Ln SE			
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	•		•	
federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date 250.00		AL	35601	Amount of Each Receipt this Period
Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		С		250.00
Primary General Other (specify) ▼ 250.00	Self-Employed			
	Primary General	Aggregate		
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)			750.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 210 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	ny information copied from such Reports and S r for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	MMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Scott Brustein	Date of Receipt		
	Mailing Address 4803 Patterson St			08 19 2009
	City Bridgewater	State NJ	Zip Code 08807	Transaction ID: 5396371 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Brett A. Johnson	1		Date of Receipt
	Mailing Address 3225 West Rathgeber	08 19 2009		
	City	State	Zip Code	Transaction ID: 5396372
	Wichita Falls FEC ID number of contributing federal political committee.	C	76310	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
_ >.	Full Name (Last, First, Middle Initial) Dr. Frank R. Besson, Jr.			Date of Receipt
	Mailing Address 31 Allenby Ln			08 19 2009
	City	State	Zip Code	Transaction ID: 5396373
	Scotch Plains FEC ID number of contributing federal political committee.	NJ C	07076	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			750.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 211 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any pers the name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Catherine Oden Fulton Mailing Address 215 Brooke Ave #90		Date of Receipt 08 19 2009
City Norfolk FFC ID number of contributing	State Zip Code VA 23510	Transaction ID: 5396374 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation	250.00
Receipt For: Primary General Other (specify) ▼	Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Roger W. Triftshauser Mailing Address 63 Ellicott Ave		Date of Receipt 0 8 2 1 2 0 0 9
City	State Zip Code	Transaction ID: 5397166
Batavia	NY 14020-2028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Peter F. Bayer		Date of Receipt
Mailing Address 257 Miracle Strip Ph	xwy W	08 21 2009
City <u>Mary Esther</u>	State Zip Code FL 32569-1923	Transaction ID: 5397167 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	750.00

OF COMMITTEE (In Full)	Statements may not be sold or used by any ple name and address of any political committed. THODONTISTS POLITICAL ACTION (State Zip Code VT 05055-9647 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CAN ASSOCIATION OF ORT The (Last, First, Middle Initial) The (Last, First, Middle In	State Zip Code VT 05055-9647 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Address 48 Douglas Hill h number of contributing solitical committee. Employer ployed For: imary General	Occupation Orthodontist Aggregate Year-to-Date	Transaction ID: 5397170 Amount of Each Receipt this Period 250.00
h number of contributing solitical committee. Employer ployed For: imary General	Occupation Orthodontist Aggregate Year-to-Date	Transaction ID: 5397170 Amount of Each Receipt this Period 250.00
number of contributing political committee. Employer ployed For: imary General	Occupation Orthodontist Aggregate Year-to-Date	250.00
Employer ployed For: imary General	Occupation Orthodontist Aggregate Year-to-Date ▼	
For: imary General	Orthodontist Aggregate Year-to-Date ▼	
imary General		
	0 0 0 0 0 0 0 0	
ne (Last, First, Middle Initial) · M. Skoler		Date of Receipt
Address 117 Old Farm Rd	08 / 21 / Y Y Y Y Y Y Y	
	State Zip Code	Transaction ID: 5397179
	MA 02186	Amount of Each Receipt this Period
number of contributing political committee.	C	250.00
Employer ployed	Occupation Orthodontist	
For: imary General her (specify) ♥	Aggregate Year-to-Date ▼ 250.00	
ne (Last, First, Middle Initial) S. Gibson		Date of Receipt
Address 3550 E 100th Ct		08 21 2009
	State Zip Code	Transaction ID: 5397180
on	CO 80229	Amount of Each Receipt this Period
number of contributing political committee.	C	250.00
Employer ployed	Occupation Orthodontist	
For: imary General	Aggregate Year-to-Date ▼	
her (specify) ▼	250.00	
		750.00
o Fit To Cro Fit	Employer oloyed For: mary General ner (specify) Ge (Last, First, Middle Initial) S. Gibson address 3550 E 100th Ct Con number of contributing olitical committee. Employer oloyed For: mary General ner (specify) General ner (specify)	Employer olioyed For: mary

;	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 213 / 251
	TEMIZED RECEIPTS		for each category of the	(check only one)
	ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Г				13 14 15 16 17
	Any information copied from such Reports and State or for commercial purposes, other than using the na	ements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHOI	DONTIST	S POLITICAL ACTION COM	IMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Daniel J. Drye	Date of Receipt		
	Mailing Address 5419 Paseo Orlando			0 8 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: 5397181
	Santa Barbara	CA	93111-1130	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For:		Year-to-Date ▼	-
	Primary General	riggregate		1
	Other (specify) ▼	l	250.00	
				1
- В.	Full Name (Last, First, Middle Initial) Dr. Roland K. Fulcher			Date of Receipt
	Mailing Address 113 Tea Farm Rd			M M / D D / Y Y Y Y
				08 21 2009
	City	State	Zip Code	Transaction ID: 5397182
	Summerville	SC	29483	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	<u> </u>	-
	Self-Employed	Orthodon		
	Receipt For:		Year-to-Date ▼	+
	Primary General	Aggregate	rear-to-date •	
	Other (specify) ▼	0 0	500.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Eric L. Axelrode			Date of Receipt
J .	Mailing Address 5167 Saddle Brook Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5397184
	<u>Oakland</u>	CA	94619	Amount of Each Receipt this Period
		- O/T	34013	Amount of Each neceipt this Feriod
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For:		Year-to-Date ▼	7
	Primary General	33 -3-45		1
	Other (specify) ▼	L	250.00	
Γ	<u> </u>			
	SUBTOTAL of Receipts This Page (optional)			750.00
L				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 214 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16			
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any per g the name and address of any political committee				
Full Name (Last, First, Middle Initial)	NTHODONTISTS FOLITICAL ACTION CC	JIVIIVII I I EE			
Dr. Patrick M. Bauer		Date of Receipt			
Mailing Address 946 E Westcheste	r	08 21 2009			
City	State Zip Code	Transaction ID: 5397185			
Springfield	MO 65810	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Mary Anne C. Jenkins	Full Name (Last, First, Middle Initial) Dr. Mary Anne C. Jenkins				
Mailing Address 17800 Jackson Mt	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID: 5402582			
Lonaconing	MD 21539	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
Full Name (Last, First, Middle Initial) Dr. Idalia Lastra		Date of Receipt			
Mailing Address 2001 SW 4th Ave		08 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID: 5402583			
Miami FEC ID number of contributing federal political committee.	FL 33129	Amount of Each Receipt this Period 250.00			
Name of Employer Self-Employed	Occupation Orthodontist				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (option	al)	750.00			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. J. Mark Felton Mailing Address 5205 N Linn Ave City State Zip Code Oklahoma City OK 73112 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) Aggregate Year-to-Date Full Name (Last, First, Middle Initial) Date of Receipt Transaction ID: 5402 Amount of Each Receipt Aggregate Year-to-Date Full Name (Last, First, Middle Initial)	Y Y Y Y Y Y Y 2 0 0 9 2584
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Dr. J. Mark Felton Mailing Address 5205 N Linn Ave City State Zip Code Oklahoma City OK 73112 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Orthodontist Receipt For: Primary General Other (specify) ▼ Date of Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: 5402 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt	15 16 17 g contributions ch committee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from surposes, other than using the name and address of any political committee to solicit contributions from surpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from surpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from surpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from surpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from surpose of solicitin or for committee to solicit contributions from surpose of solicitin or for solicit contributions from surpose of solicitin or for commercial purposes, other than using the name and address of any political committee to solicit contributions from surpose of solicitin or for the purpose of solicitin or for the purpose of solicitin or for the purpose of solicitin or for solicit contributions from surpose of any political committee to solicit contributions from surpose of any political committee to solicit contributions from surpose of any political committee to solicit contributions from surpose of any political committee to solicit contributions from surpose of any political committee to solicit contributions from surpose of solicit contributions from surpose of solicit contributions from surpose of solicitions from surpose of solicitical political committee. A. Date of Receipt A. Dat	g contributions ch committee.
A. Date of Receipt City	2 0 0 9 2584
Full Name (Last, First, Middle Initial) Dr. J. Mark Felton Mailing Address 5205 N Linn Ave City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self-Employed Other (specify) ▼ Cupation Orthodontist Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Date of Receipt Transaction ID: 5402 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 5402 Amount of Each Receipt Date of Receipt Date of Receipt Date of Receipt	2 0 0 9 2584
A. Dr. J. Mark Felton Mailing Address 5205 N Linn Ave City State Zip Code Oklahoma City OK 73112 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Date of Receipt Transaction ID: 540/2 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Transaction ID: 540/2 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: 540/2 Amount of Each Receipt Date of Receipt	2 0 0 9 2584
City State Zip Code Oklahoma City OK 73112 FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Nate Zip Code Transaction ID: 5402 Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt M M M D D D D D D D D D D D D D D D D	2 0 0 9 2584
Oklahoma City FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Amount of Each Receipt Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt	
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct PEUD Name (Last, First, Middle Initial) Date of Receipt M M M M M M M M M M M M M M M M M M M	ipt this Period
Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Name of Employer Self-Employed	
Self-Employed Orthodontist Receipt For:	250.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Date of Receipt M M M / D D D / D D / D D D D D D D D D	
Other (specify) Full Name (Last, First, Middle Initial) Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Date of Receipt 0 8 / 2 6	
B. Dr. Lester H. Kuperman Mailing Address 3809 Candlelite Ct Date of Receipt 0 8 / D D / 2 6	
08 26	
City State Zip Code Transportion ID: 540:	2009
. Transaction is a	2585
Fort Worth TX 76109-3224 Amount of Each Rece	ipt this Period
FEC ID number of contributing federal political committee.	250.00
Name of Employer Self-Employed Occupation Orthodontist	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Dr. A. Wright Pond, Sr. Date of Receipt	
Mailing Address 1025 Avon Ct	2009
City State Zip Code Transaction ID: 5419	
Colonial Heights VA 23834-1931 Amount of Each Rece	ipt this Period
FEC ID number of contributing federal political committee.	500.00
Name of Employer Occupation Self-Employed Orthodontist	
Receipt For: Primary Other (specify) Aggregate Year-to-Date 500.00	
SUBTOTAL of Receipts This Page (optional)	

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 216 / 251 (check only one)
•	TEIMIZED REGEII 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
	Any information copied from such Reports and Stor for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
_	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Karen Shepherd Rogers	Date of Receipt		
	Mailing Address 183 Marshall Bridge Dr			09 02 2009
	City	State	Zip Code	Transaction ID: 5419779
	Greenville	SC	29605	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		250.00	
- В.	Full Name (Last, First, Middle Initial) Dr. David B. Clark			Date of Receipt
	Mailing Address 2485 Turf Way		09 / 02 / 4 9 9	
	City	State	Zip Code	Transaction ID: 5419780
	Shelbyville	IN	46176-8864	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
- С.	Full Name (Last, First, Middle Initial) Dr. Barry F. Rouch			Date of Receipt
	Mailing Address 8208 Scenic Ridge Cov	09 02 2009		
	City	State	Zip Code	Transaction ID: 5419781
	Austin	TX	78735	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
ſ	CURTOTAL of Descripts This Descriptor-II			750.00
L	SUBTOTAL of Receipts This Page (optional)		······	

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 217 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ !	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI			
A.	Full Name (Last, First, Middle Initial) Dr. Charles A. Machemehl, III Mailing Address 430 Old Homestead T	rail		Date of Receipt
	City	State	Zip Code	0 9 0 2 2 0 0 9 Transaction ID: 5419893
	Duluth FEC ID number of contributing federal political committee.	GA C	30097	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
В.	Full Name (Last, First, Middle Initial) Dr. Gregory A. Hack Mailing Address 6 Stonewood Dr			Date of Receipt M M D D Y Y Y Y Y Y Y Y
	City Old Lyme FEC ID number of contributing federal political committee.	State CT	Zip Code 06371	Transaction ID: 5419894 Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupatio Orthodor Aggregate		
С.	Full Name (Last, First, Middle Initial) Dr. Ross J. Drangsholt Mailing Address 7130 Interlaaken Dr S	:W		Date of Receipt
	City Lakewood	State WA	Zip Code 98499	Transaction ID: 5419897 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio Orthodor		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 218 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A	ny information copied from such Reports and for commercial purposes, other than using the	Statements may no le name and addres	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	HODONTISTS I	POLITICAL ACTION COI	MMITTEE
	Full Name (Last, First, Middle Initial) Dr. John R. Firth			Date of Receipt
	Mailing Address 10420 Starhill Acres			09 02 7 2009
	City St Louis	State MO	Zip Code	Transaction ID: 5419898
	FEC ID number of contributing federal political committee.	C	63128	Amount of Each Receipt this Period 250.00
	Name of Employer Self-Employed	Occupation Orthodontis	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Dr. James Brian Hamby			Date of Receipt
	Mailing Address 134 Wilderness Ln #0	3		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
	City	State	Zip Code	Transaction ID: 5419899
	Greenville	SC	29607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontis	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00	
_	Full Name (Last, First, Middle Initial) Dr. Randolph J. Hayes, Jr.			Date of Receipt
	Mailing Address 33 S Roscoe Blvd			09 02 2009
	City	State	Zip Code	Transaction ID: 5419900
	Ponte Vedra Beach	FL	32082	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodontis	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼ 250.00	
Γ,	SUBTOTAL of Receipts This Page (optional)	1		750.00

В.

C.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 219 / 251 (check only one)
HEMIZED RECEIPTS		Detailed Summary Page	X 11a
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Gracia B. Cua			Date of Receipt
Mailing Address 60 Marinita Ave			09 / 02 / 2009
City	State	Zip Code	Transaction ID: 5419902
San Rafael	CA	94901	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. James A. Leithead, Jr.			Date of Receipt
Mailing Address 3214 Portrush Dr			09 / 02 / 4 2009
City	State	Zip Code	Transaction ID: 5419903
Lake Charles	LA	70605-1332	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Scott D. Copeland			Date of Receipt
Mailing Address 132 E Broadway			09 / 02 / 4 2009
City	State	Zip Code	Transaction ID: 5419905
<u>Derry</u>	NH	03038	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupatio Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 220 / 251 (check only one) X 11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT	Statements may not be sold or used by any perse name and address of any political committee to HODONTISTS POLITICAL ACTION CO	
Full Name (Last, First, Middle Initial) Dr. Aron E. Dellinger Mailing Address 15711 Viberg Rd City Leo FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code IN 46765 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M
Other (specify) Full Name (Last, First, Middle Initial) Dr. Myron S. Graff Mailing Address 18822 Rue Loire City Lutz	250.00 State Zip Code FL 33558	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: □ Primary □ General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	250.00
Full Name (Last, First, Middle Initial) Dr. William L. Kochenour, II Mailing Address 248 Shore Dr City Palm Harbor	State Zip Code FL 34683	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
SUBTOTAL of Receipts This Page (optional) .		750.00

ľ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 221 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
(Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	e name and add	dress of any political committee to	o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Robert M. Rosen Mailing Address 31 Meadowbrook Rd			Date of Receipt 0 9 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 5419909
	Chatham	NJ	07928	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
– В.	Full Name (Last, First, Middle Initial) Dr. Audrey M. Boutros			Date of Receipt
	Mailing Address 4124 Emory St			09 02 2009
	City	State	Zip Code	Transaction ID: 5419910
	Houston	TX	77005	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ C.	Full Name (Last, First, Middle Initial) Dr. David L. Meyer			Date of Receipt
	Mailing Address 2933 Spring Oaks Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5419911
	Dubuque	IA	52001	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodon		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
	SUBTOTAL of Receipts This Page (optional)	1	h	750.00
H	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 222 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using th NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso to the name and address of any political committee to the HODONTISTS POLITICAL ACTION COM-	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Meredith Lynn Quimby Mailing Address 9000 Masters Ct City Waxhaw FEC ID number of contributing federal political committee.	State Zip Code NC 28173	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. William R. Beam Mailing Address 1530 W Melrose City Chicago FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60657 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kelly Collins Mailing Address 2018 Cornoustie Ct City Fourt Mill FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code SC 29707-7763 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	250.00	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	(Check only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI		person for the purpose of soliciting contributions tee to solicit contributions from such committee. COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Blake R. Henry Mailing Address 6644 S Jamestown Pl City Tulsa FEC ID number of contributing federal political committee.	State Zip Code OK 74136	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Dennis K. Kinoshita Mailing Address 7254 Gold Creek Way		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code CA 95120-4228	Transaction ID: 5419917
San Jose FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 250.00	
Full Name (Last, First, Middle Initial) Dr. Daniel Kelly		Date of Receipt
Mailing Address 566 Lake Ridge Dr		0 9 / 0 2 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5419919
South Elgin FEC ID number of contributing federal political committee.	IL 60177	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 224 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any personal statements and address of any political committee to HODONTISTS POLITICAL ACTION COM-	
Full Name (Last, First, Middle Initial) Dr. Norman G. Jorgensen Mailing Address 489 South 900 East City Orem FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code UT 84057 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M D D D Y Y Y Y Y Y O 9 0 3 2 0 0 9 Transaction ID: 5443344 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Kevin L. Denis Mailing Address 61 Pine St City Mahtomedi FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code MN 55115 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M M O O O O O O O O O O O O O O O O
Full Name (Last, First, Middle Initial) Dr. Jeremy Matthew Albert Mailing Address 2051 Backwater Trl City Palm Harbor FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code FL 34685 C Occupation Orthodontist Aggregate Year-to-Date 250.00	Date of Receipt M M O D D O 2 2 0 0 9 Transaction ID: 5443346 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional))	750.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT Full Name (Last, First, Middle Initial) Dr. Peter S. Wohlgemuth Mailing Address 4439 Woodfield Blvd			
Dr. Peter S. Wohlgemuth			
City Boca Raton	State Zip Code FL 33434		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.	C	1 1	500.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date	500.00	
Full Name (Last, First, Middle Initial) Dr. Anne E. O'Day Mailing Address 84 Woodcrest Ln			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 5443348
Doylestown FEC ID number of contributing federal political committee.	PA 18901		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For:	Occupation Orthodontist Aggregate Year-to-Date	,	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. William M. Kelly Mailing Address 4N224 Ferson Ck Rd			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID: 5443349
St Charles FEC ID number of contributing federal political committee.	IL 60174-112	7	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional)	1	>	1000.00

A. Full Name (Last, Dr. Eugene L. Del Mailing Address City Fort Wayne FEC ID number federal political control of Employed Receipt For: Primary Other (speederal political control of Employed) Receipt For: Primary Other (speederal political control of Employed) Receipt For: Primary Other (speederal political control of Employed) Receipt For: FEC ID number federal political control of Employed Receipt For: Primary Other (speederal political control of Employed) Receipt For: Primary Other (speederal political control of Employed) Receipt For: Primary Other (speederal political control of Employed) Receipt For: Primary Other (speederal political control of Employed) Full Name (Last, Dr. Paul Ladner) Mailing Address City	urposes, other than using the name of contributing ommittee.	State Zip Code Cocupation Drithodontist Aggregate Year-to-Date State Zip Code IN 46845-1444 Cl Cl Cl Cl Cl Cl Cl Cl Cl	Date of Receipt Date of Receipt Date of Receipt Transaction ID: 5443350 Amount of Each Receipt this Period Date of Receipt
Full Name (Last, Dr. Eugene L. Del Mailing Address City Fort Wayne FEC ID number federal political of Self-Employed Receipt For: Primary Other (speed of Self-Employed) Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political of Self-Employed Receipt For: PEC ID number federal political of Self-Employed Receipt For: Primary Other (speed of Self-Employed) Receipt For: Primary Other (speed of Self-Employed) Full Name (Last, Dr. Paul Ladner Mailing Address City	First, Middle Initial) linger	State Zip Code IN 46845-1444 C Decupation Orthodontist Aggregate Year-to-Date 250.00 State Zip Code	Date of Receipt M
A. Dr. Eugene L. Del Mailing Address City Fort Wayne FEC ID number federal political of the political of th	llinger 1326 Old Lantern Tr of contributing ommittee. er General cify) ▼ First, Middle Initial)	C Decupation Drthodontist Aggregate Year-to-Date 250.00 State Zip Code	Date of Receipt Date of Re
City Fort Wayne FEC ID number federal political of Name of Employed Receipt For: Primary Other (spe Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political of Name of Employed Receipt For: Primary Other (spe Full Name (Last, Dr. Paul Ladner Mailing Address City City City City City City City Cit	of contributing ommittee. er General cify) First, Middle Initial)	C Decupation Drthodontist Aggregate Year-to-Date 250.00 State Zip Code	Date of Receipt M M
Fort Wayne FEC ID number federal political of Name of Employed Receipt For: Primary Other (spe Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political of Receipt For: Primary Other (spe Full Name (Last, Dr. Paul Ladner Mailing Address City City C	ommittee. er General cify) ▼ First, Middle Initial)	C Decupation Drthodontist Aggregate Year-to-Date 250.00 State Zip Code	Date of Receipt Date of Receipt M M C D D C 2009 Transaction ID: 5443351
FEC ID number federal political of Name of Employed Receipt For: Primary Other (speed of Section 1) Primary Other (speed of Section 1) Primary Other (speed of Section 1) Primary Munster FEC ID number federal political of Section 1) Primary Other (speed of Section 1) Primary	ommittee. er General cify) ▼ First, Middle Initial)	C Decupation Drthodontist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary Other (spe Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political content for: Primary Other (spe Full Name of Employed Receipt For: Primary Other (spe Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political content for: Primary Other (spe	ommittee. er General cify) ▼ First, Middle Initial)	Occupation Orthodontist Aggregate Year-to-Date ▼ 250.00 State Zip Code	Date of Receipt M M
Receipt For: Primary Other (spe Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political of Name of Employed Receipt For: Primary Other (spe Full Name (Last, Dr. Paul Ladner Mailing Address City	General cify) ▼ First, Middle Initial)	Orthodontist Aggregate Year-to-Date 250.00 State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political content for: Primary Other (specification) Receipt For: Primary Other (specification) Full Name (Last, Dr. Paul Ladner Mailing Address City	General cify) ▼ First, Middle Initial)	250.00 State Zip Code	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political of the politi	First, Middle Initial)	State Zip Code	0 9 0 3 2 0 0 9 Transaction ID: 5443351
Dr. Lisa Grant Mailing Address City Munster FEC ID number federal political completed for the federal political completed for the federal political complete federal political comple		·	0 9 0 3 2 0 0 9 Transaction ID: 5443351
City Munster FEC ID number federal political of Employed Name of Employ Self-Employed Receipt For: Primary Other (spe	1809 Redwood Ln	·	0 9 0 3 2 0 0 9 Transaction ID: 5443351
Munster FEC ID number federal political content for the primary of the primary of the following self-Employed Receipt For: Primary Other (speed for the primary of the p		·	
Receipt For: Primary Other (spe		IN 46321	Amount of Each Receipt this Period
Receipt For: Primary Other (spe			
Receipt For: Primary Other (spe		C	250.00
Full Name (Last, Dr. Paul Ladner Mailing Address	er C	Occupation Orthodontist	
Full Name (Last, Dr. Paul Ladner Mailing Address		Aggregate Year-to-Date ▼	
Dr. Paul Ladner Mailing Address City	General cify) ▼	250.00	
City	First, Middle Initial)		Date of Receipt
•	Box 37		0 9 1 5 2 0 0 9
Onside		State Zip Code	Transaction ID: 5443803
<u>Oneida</u>		IL 61467	Amount of Each Receipt this Period
FEC ID number federal political c		C	250.00
Name of Employ Self-Employed	er C	Occupation Orthodontist	
Receipt For: Primary Other (spe	General	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Red			

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 227 / 251 (check only one) X
NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any person the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Harry I. Bussa, Jr. Mailing Address 726 Langwood City Houston FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General	State Zip Code TX 77079-4405 C Occupation Orthodontist Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y O 9 1 5 / 2 0 0 9 Transaction ID: 5443804 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Duward T. Fulmer Mailing Address 307 Sagramore Ln City Simpsonville FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State Zip Code SC 29681-9721 C Occupation Orthodontist Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Richard Kulbersh Mailing Address 1417 Cedar Bend E City Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code MI 48302-1920 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year-to-Date 250.00	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 228 / 251 (check only one) X
or for commercial purposes, other than usi NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any person ng the name and address of any political committee to DRTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial)		
Dr. Michael J. Foy Mailing Address 5898 Cumbre Vis	ita Way	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5443951
Colorado Springs	CO 80924	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Dr. Robert B. Hanover, Jr.	L	Date of Receipt
Mailing Address 13713 Three Fath	noms Bank	09 15 2009
City	State Zip Code	Transaction ID: 5443952
Corpus Christi	TX 78418	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Jacqueline Bunce	L	Date of Receipt
Mailing Address PO Box 5555		09 15 2009
City	State Zip Code	Transaction ID: 5443953
Bellevue	WA 98006	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SURTOTAL of Receipts This Page (option	nal)	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate scl for each category Detailed Summa	y of the Crieck only one)
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORT		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee. CTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. William D. Neale Mailing Address 21 Paradise Point Rd City Shalimar FEC ID number of contributing federal political committee.	State Zip Code FL 32579 C	Date of Receipt M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year-to-Date ▼	250.00
Full Name (Last, First, Middle Initial) Dr. Howard A. Fine Mailing Address 9 Sullivan Rd		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5443955
Goldens Bridge FEC ID number of contributing federal political committee.	NY 10526	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify)	Occupation Orthodontist Aggregate Year-to-Date	250.00
Full Name (Last, First, Middle Initial) Dr. Todd J. Hughes	0 0 0 0 0 0	Date of Receipt
Mailing Address 23 Culverdale Pl		0 9 1 5 2 0 0 9
City	State Zip Code	Transaction ID: 5443956
The Woodlands FEC ID number of contributing federal political committee.	TX 77382	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00
SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 230 / 251 (check only one)
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OF	RTHODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. Dustin Burleson			Date of Receipt
Mailing Address 10523 NE Euclid Av	/e		09 15 2009
City	State	Zip Code	Transaction ID: 5443957
Kansas City FEC ID number of contributing federal political committee.	C	64155	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Stephen D. Schasker			Date of Receipt
Mailing Address 4702 Ferris Ave			0 9 1 5 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Madison	State WI	Zip Code	Transaction ID: 5443958
FEC ID number of contributing federal political committee.	C	53716	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Linda A. Crawford			Date of Receipt
Mailing Address 3931 Stanford Ave			0 9 1 6 2 0 0 9
City University Park	State TX	Zip Code 75225	Transaction ID: 5443961
FEC ID number of contributing federal political committee.	C	13223	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	<u> </u>		750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 231 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
Full Name (Last, First, Middle Initial) Dr. Bryan J. Hollis		Date of Receipt
Mailing Address 13427 Piney Point	te	0 9 1 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5443962
Gonzales FEC ID number of contributing federal political committee.	LA 70737	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Robert D. Calcote		Date of Receipt
Mailing Address 1533 Fairway Dr		0 9 1 6 2 0 0 9
City Charleston	State Zip Code SC 29412	Transaction ID: 5443963
FEC ID number of contributing federal political committee.	SC 29412	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Ken Fischer	I	Date of Receipt
Mailing Address		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5443964 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	nal)	750.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 232 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI			
Full Name (Last, First, Middle Initial) Dr. Ceceilia M. Markham Mailing Address 2119 Susquehana Rd City Abington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For:	State PA C Occupation Orthodon		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr. Douglas W. Vayda Mailing Address 5601 Oaklawn Ave		250.00	Date of Receipt
City	State	Zip Code	0 9 1 6 2 0 0 9 Transaction ID: 5443966
Edina FEC ID number of contributing federal political committee.	C	55424	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodon Aggregate		
Full Name (Last, First, Middle Initial) Dr. Patricia Vayda			Date of Receipt
Mailing Address 5601 Oaklawn Ave			09 16 2009
City Edina	State MN	Zip Code 55424	Transaction ID: 5443967 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
	1		750.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	Check only one PAGE 233 / 251		
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions osolicit contributions from such committee.		
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF OR	THODONTIST	S POLITICAL ACTION COM	MMITTEE		
Full Name (Last, First, Middle Initial) Dr. Kendall S. Woolridge			Date of Receipt		
Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 5443968 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Michael S. Klein	 		Date of Receipt		
Mailing Address 12001 W 183rd St			0 9 1 6 2 0 0 9		
City	State	Zip Code	Transaction ID: 5443969		
Bucyrus	KS	66013	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
Full Name (Last, First, Middle Initial) Dr. Emma M. DiCarlo			Date of Receipt		
Mailing Address 4517 Ihles Rd			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: 5467653		
Lake Charles	LA	70605	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		250.00		
Name of Employer Self-Employed	Occupation Orthodor				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
SUBTOTAL of Receipts This Page (optional)		750.00		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	FOR LINE NUMBER: PAGE 234 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11	
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any perso e name and address of any political committee to	
1 1	HODONTISTS POLITICAL ACTION COM	IMITTEE
Full Name (Last, First, Middle Initial) Dr. Randall P. Rigsby Mailing Address 2344 Arriviste Way		Date of Receipt
City	State Zip Code	0 9 3 0 2 0 0 9 Transaction ID: 5467655
Pensacola	FL 32504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Howard L. Hunt		Date of Receipt
Mailing Address 3345 Antoinette Ct		09 / 30 / 4 2009
City	State Zip Code	Transaction ID: 5467656
Arcata	CA 95524-9322	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Dr. Kenneth S. Hauser		Date of Receipt
Mailing Address 119 17th Street		09 / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: 5477276
Wilmette	IL 60091	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional) .		1500.00
TOTAL This Period (last page this line number	·	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 235 / 251 (check only one)
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may	not be sold or used by any personess of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF O		•	
Full Name (Last, First, Middle Initial) Dr. Michelle Neal			Date of Receipt
Mailing Address 4424 95th Ave NE			09 30 2009
City Bellevue	State WA	Zip Code	Transaction ID: 5477277 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon	tist	
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Samuel B. Mayfield			Date of Receipt
Mailing Address 5124 North Dr			0 9 3 0 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5477278
Moss Point	MS	39563	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michele Laboda			Date of Receipt
Mailing Address 13617 Pine Villa L	ane		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fort Myers	State FL	Zip Code	Transaction ID: 5477279
FEC ID number of contributing federal political committee.	C	33912	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	_	750.00

Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTI Full Name (Last, First, Middle Initial) Dr. Joseph Andrew Dugoni Mailing Address 25808 Lone Fir Lane	Statements may not be sold or used by any perent and address of any political committee. HODONTISTS POLITICAL ACTION CO	OMMITTEE
Dr. Joseph Andrew Dugoni		
City West Linn FEC ID number of contributing federal political committee.	State Zip Code OR 97068 C	Date of Receipt M M M O 9 O 3 0 O 2 0 0 9 Transaction ID: 5477280 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Orthodontist Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Michael O. Williams Mailing Address 58 Shoreline Ln		Date of Receipt 0 9 3 0 2 0 0 9
City	State Zip Code	Transaction ID: 5477281
Gulfport FEC ID number of contributing federal political committee.	MS 39503	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Mary Kay Becher Mailing Address 4700 Cap Rock Dr		Date of Receipt
		09 30 2009
City Auston	State Zip Code TX 78735-6352	Transaction ID: 5477282 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) .	1	750.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 237 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 17
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	
Full Name (Last, First, Middle Initial) Dr. Michael Gerard Crall Mailing Address 412 Chateau Ct City Cedar Falls FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State Zip Code IA 50613 C Occupation Orthodontist	Date of Receipt M M M / D D / Y Y Y Y Y O 9
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Hugh R. Phillis Mailing Address 10 Poliquin Dr City	State Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nashua FEC ID number of contributing federal political committee.	NH 03062	Transaction ID: 5482730 Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed Receipt For: Primary General Other (specify) ▼	Occupation Orthodontist Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Dr. Jennifer Edwards Butler Mailing Address 1138 Carleita Cir		Date of Receipt 1 0 0 1 2 0 0 9
City Conway	State Zip Code SC 29527	Transaction ID: 5482731 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Self-Employed	Occupation	125.00
Receipt For: Primary General Other (specify)	Orthodontist Aggregate Year-to-Date ▼ 375.00]
SUBTOTAL of Receipts This Page (option	al)	575.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 238 / 251 (check only one) X 11a 11b 11c 12 13 14 15 16 11
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to RTHODONTISTS POLITICAL ACTION COM	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Joseph Brandon Chadwell Mailing Address 240 Augustine Dr		Date of Receipt
		10 01 2009
City Spartanburg	State Zip Code SC 29306-6927	Transaction ID: 5482732
FEC ID number of contributing federal political committee.	SC 29306-6927	Amount of Each Receipt this Period 125.00
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Full Name (Last, First, Middle Initial) Dr. Frank R. Miller		Date of Receipt
Mailing Address 619 Sunset Hill		10 01 2009
City Rockwall	State Zip Code TX 75087	Transaction ID: 5482733 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer Self-Employed	Occupation Orthodontist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Charles A. Manilla		Date of Receipt
Mailing Address 5775 Woodbridge	Ln	10 19 2009
City	State Zip Code	Transaction ID: 5511571
West Chester	OH 45069-4516	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Orthodontist	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (option	al)	437.50

В.

C.

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 239 / 251 (check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
AMERICAN ASSOCIATION OF ORTH	ODONTIST	S POLITICAL ACTION COM	MITTEE
Full Name (Last, First, Middle Initial) Dr. David G. Haas			Date of Receipt
Mailing Address 1732 Granger Rd			10 19 2009
City	State	Zip Code	Transaction ID: 5511573
<u>Medina</u>	OH	44256	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Thomas Cavanaugh			Date of Receipt
Mailing Address 1848 Ashton Way			10 19 2009
City	State	Zip Code	Transaction ID: 5511574
Chesterfield	MO	63005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General	Aggregate	Year-to-Date ▼	
Other (specify)		400.00	
Full Name (Last, First, Middle Initial) Dr. Jeffrey Thomas Cavanaugh			Date of Receipt
Mailing Address 1848 Ashton Way			10 19 2009
City	State	Zip Code	Transaction ID: 5511575
<u>Chesterfield</u>	MO	63005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	500.00	

TOTAL This Period (last page this line number only)

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 240 / 251 (check only one)
ITEMIZED RECEIPTS		for each category of the	(crieck only one) X 11a T 11b T 11c T 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may	not be sold or used by any persolress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,	
AMERICAN ASSOCIATION OF ORTHO	ODONTIST	S POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Middle Initial) Dr. John Kevin Holman			Date of Receipt
Mailing Address 2740 St Andrews Dr			10 19 2009
City	State	Zip Code	Transaction ID: 5512657
Belden	MS	38826	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Tamara S. Miller			Date of Receipt
Mailing Address			10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5512658
			Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Christian P. Manley			Date of Receipt
Mailing Address 16813 SE 56th PI			10 19 2009
City	State	Zip Code	Transaction ID: 5512659
Bellevue FEC ID number of contributing	C	98006	Amount of Each Receipt this Period 250.00
federal political committee.			
Name of Employer Self-Employed	Occupation Orthodon		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			750.00

	SCHEDULE A (FEC Form 3X)		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 241 / 251 (check only one)
ı	TEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
1	Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements ma	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	AMERICAN ASSOCIATION OF ORTHO	DDONTIST	S POLITICAL ACTION COM	1MITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. David Datwyler			Date of Receipt
	Mailing Address 2840 Royal Park Dr			10 28 2009
	City	State	Zip Code	Transaction ID: 5518876
	Cameron Park	CA	95682	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		450.00	
_ В.	Full Name (Last, First, Middle Initial) Dr. T. Kevin Sullivan			Date of Receipt
	Mailing Address 18 Breckan Rd			10 28 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 5518877
	Brunswick	ME	04011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodox		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Angela R. Becker			Date of Receipt
	Mailing Address 3619 N County Line Rd	W		10 28 2009
	City <u>Huntertown</u>	State IN	Zip Code 46748-9788	Transaction ID: 5518878 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupatio		
	Receipt For:		e Year-to-Date ▼	7
	Primary General Other (specify) ▼	0 0	500.00	
Γ	SUBTOTAL of Receipts This Page (optional)			700.00

SCHEDULE A (FEC	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 242 / 251 (check only one) X
Any information copied from su or for commercial purposes, ot	uch Reports and Statements ma her than using the name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (II AMERICAN ASSOCIAT	,	TS POLITICAL ACTION COM	MMITTEE
Full Name (Last, First, Midd Dr. Kathleen J. Nuckles	lle Initial)		Date of Receipt
Mailing Address 202 Sal			11 04 2009
City Santa Monica	State CA	Zip Code	Transaction ID: 5529000
FEC ID number of contribut federal political committee.		90402-1556	Amount of Each Receipt this Period 1000.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Ger Other (specify) ▼		e Year-to-Date ▼ 1000.00	
Full Name (Last, First, Midd Dr. Bernard I. Barrish Mailing Address 24 Tam	,		Date of Receipt
Mailing Address 24 Talli	ппу пш тап		11 04 2009
City	State	Zip Code	Transaction ID: 5529001
Randolph	NJ	07869-4555	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	c		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Midd C. Dr. Charles P. Canepa	lle Initial)		Date of Receipt
Mailing Address 16724 [Edgewater Dr		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 5544313
Lakewood	OH	44107	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		250.00
Name of Employer Self-Employed	Occupation Orthodo		
Receipt For: Primary Ger Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This	Page (optional)		1500.00
	e this line number only)		

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SCHEDULE A (FEC Form 3X)		Llea coparata schodula(s)	FOR LINE NUMBER: PAGE 243 / 251						
ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)						
II EIWILED NEGEIR 13		Detailed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions						
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)	ODONITIOT	O DOLUTION ACTION CON							
AMERICAN ASSOCIATION OF ORTH	ואוטטטו	5 POLITICAL ACTION CON	,						
Full Name (Last, First, Middle Initial) Dr. Pramod K. Sinha			Date of Receipt						
Mailing Address 8710 E Woodland Park	Dr		1 1 0 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
City	State	Zip Code	Transaction ID: 5544314						
Spokane	WA	99217	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Self-Employed	Occupation Orthodor								
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify)	' '	250.00]						
Other (specify)		0 0 0 0 0 0 0							
Full Name (Last, First, Middle Initial) Dr. Alan A. Curtis			Date of Receipt						
Mailing Address 2007 E Malibu			11 04 2009						
City	State	Zip Code	Transaction ID: 5544315						
Tempe	AZ	85282	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		250.00						
Name of Employer Self-Employed	Occupation Orthodor								
Receipt For:	Aggregate	Year-to-Date V							
Primary General	'''	250.00	1						
☐ Other (specify) ▼			1						
Full Name (Last, First, Middle Initial) Dr. Deborah J. Lien			Date of Receipt						
Mailing Address 4409 Rossi Ct NW			1 1 1 2 2 0 0 9						
City	State	Zip Code	Transaction ID: 5557374						
Rochester	MN	55901	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		300.00						
Name of Employer Self-Employed	Occupation Orthodor								
Receipt For:		Year-to-Date ▼	7						
Primary General	' '	300.00	1						
Other (specify) ▼		300.00	1						
SUBTOTAL of Receipts This Page (optional)			800.00						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 244 / 251 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
AMERICAN ASSOCIATION OF ORT	HODONTIST	S POLITICAL ACTION COM	MMITTEE .
Full Name (Last, First, Middle Initial) Dr. Ronald W. Jawor			Date of Receipt
Mailing Address 3612 Catamaran Dr			11 12 2009
City	State CA	Zip Code	Transaction ID: 5557375
Corona Del Mar FEC ID number of contributing federal political committee.	CA	92625-1208	Amount of Each Receipt this Period 300.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Raj Gohill			Date of Receipt
Mailing Address 21425 NE 19th Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City North Miami Beach	State FL	Zip Code 33179	Transaction ID: 5561483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30170	250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Gilbert H. Snow			Date of Receipt
Mailing Address 455 Hacienda			1 1 1 8 2 0 0 9
City	State	Zip Code	Transaction ID: 5562807
Palmdale FEC ID number of contributing federal political committee.	CA	93551	Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Orthodor		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)			800.00
TOTAL This Period (last page this line number	er only))	

Γ	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 245 / 251 (check only one) X 11a
	Any information copied from such Reports and Si or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTH	name and add	dress of any political committee to	solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Dr. Kenneth A. Shimizu Mailing Address 13060 Paramount Ct			Date of Receipt 1 2 0 2 2 0 0 9
	City	State	Zip Code	Transaction ID: 5587098
	Saratoga	CA	95070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Paul J. McKenna			Date of Receipt
	Mailing Address 231 Park Dr			12 16 2009
	City	State	Zip Code	Transaction ID: 5624903
	Longmeadow	MA	01106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
_ С.	Full Name (Last, First, Middle Initial) Dr. Fred J. Alba			Date of Receipt
	Mailing Address 12 Bridgeport Drive			12 16 2009
	City	State	Zip Code	Transaction ID: 5624936
	Mechanicsburg	PA	17050	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self-Employed	Occupation Orthodor		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00]
	SUBTOTAL of Receipts This Page (optional)		\	750.00
	TOTAL This Period (last page this line number of		<u> </u>	

FOR LINE NUMBER: PAGE 246 / 251 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Date of Receipt Dr. Charles J. Ruff Mailing Address 5 Thomas Dr 12 30 2009 City State Zip Code Transaction ID: 5637215 Waterville ME 04901 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Self-Employed Occupation Orthodontist Receipt For: Aggregate Year-to-Date Primary General 500.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	>	250.00
TOTAL This Period (last page this line number only)	•	195363.50

TEMIZED DISBURSEMENTS To reach category of the	PAGE 247 / 251
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) Simpson for Congress Mailing Address 786 Hoff Drive City State Zip Code Blackfoot ID 83221 Purpose of Disbursement Candidate Name Michael Simpson Office Sought: X House Senate President State: ID District: 02 Full Name (Last, First, Middle Initial) City State Zip Code Blackfoot ID 83221 Purpose of Disbursement Cardidate Name Michael Simpson Office Sought: X House Senate President State: ID District: 02 Full Name (Last, First, Middle Initial) City State Zip Code KS 66601 Purpose of Disbursement City State Zip Code KS 66601 Purpose of Disbursement Candidate Name Rep. Lynn Jenkins Office Sought: X House Senate President Senate President State: KS District: 02 Full Name (Last, First, Middle Initial) Friends of Doc Hastings Mailing Address PO Box 2926 City State Zip Code WA 99302 Purpose of Disbursement Other (specify) ▼ Transaction ID: 5552 Date of Disbursement Amount of Each Disburs Transaction ID: 5552 Date of Disbursement Transaction ID: 5552 Date of Disbursement Transaction ID: 5552 Date of Disbursement Amount of Each Disburs Transaction ID: 5552 Date of Disbursement Transaction ID: 5552 Date of Di	25 29
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Michael Simpson Office Sought: X House Senate Purpose of Disbursement For: 2010 State: ID District: 02 Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress Mailing Address P.O. Box 1441 City State Zip Code KS 66601 Purpose of Disbursement Candidate Name Rep. Lynn Jenkins Office Sought: X House Senate President State: KS District: 02 Full Name (Last, First, Middle Initial) Candidate Name Rep. Lynn Jenkins Office Sought: X House Senate President State: KS District: 02 Full Name (Last, First, Middle Initial) Friends of Doc Hastings Mailing Address PO Box 2926 City State Zip Code WA 99302 Purpose of Disbursement Candidate Name Pos Disbursement Candidate Name Pos Box 2926 City State Zip Code WA 99302 Purpose of Disbursement Candidate Name Doc Hastings Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement Other (ategory/Type)	500.00
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	City Scottsdale		Sta A	ate Z	Zip Code 85262				Amou	nt of E	ach Di	sburse	ement	this P	eric
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	Candidate Name Mr. Paul Gosa	r				Ca	tegory/ Type	_							
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		3 (FEC Form 3X) SBURSEMENTS	Use sep	arate schedule(s) category of the	FOR LINE (check only	_ ' — — — —
			Detailed	Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
						or the purpose of soliciting contributions licit contributions from such committee
\	NAME OF COM	•				
	•	First, Middle Initial) y For Congress				Transaction ID: 5626767 Date of Disbursement
Ī	Mailing Address	P.O. Box 12667				12
	City Bakersfield		State CA	Zip Code 93389		Amount of Each Disbursement this Perio
_	Purpose of Disbu	irsement			011	5000.00
	Candidate Name Rep. Kevin Mo				Category/ Type	
(Office Sought:	X House Dis	sbursement For: X Primary Other (sp	2010 General ecify)		
	State: CA Full Name (Last,	District: 22 First, Middle Initial)				Transaction ID: 5626768
l	Friends of Sen	ator Lisa Murkowski				Date of Disbursement
Ī	Mailing Address	300 North Lee Stree	et Suite 500			$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 1 & 2 & M \end{smallmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & 0 & Y \\ 2 & 0 & 0 & 9 \end{bmatrix}$
	City Alexandria		State VA	Zip Code 22314		Amount of Each Disbursement this Perio
Ī	Purpose of Disbu	rsement			011	5000.00
	Candidate Name Lisa Murkowsł	ri			Category/ Type	
	Office Sought: State: AK	House Di X Senate President District:	sbursement For: X Primary Other (sp	2010 General ecify)		
-	Full Name (Last,	First, Middle Initial) r Congress 2002				Transaction ID: 5626769 Date of Disbursement
Ī	Mailing Address	5915 Eastman Ave	nue Suite 100			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 9 \\ & 2 & 0 & 0 & 9 \end{bmatrix}$
	City Midland		State MI	Zip Code 48640		Amount of Each Disbursement this Perio
	Purpose of Disbu	irsement			011	5000.00
!	Candidate Name Dave Camp				Category/ Type	
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;	State: MI	District: 04		•		

ITE	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	′	(check only	/ one)	
		Detailed Summary Page		21b 27	22 X 23 24 28a 28b 28c	25 29
	Information copied from such Reports and Stat					
_	or commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	ame and address of any politica	ai con	nmittee to so	licit contributions from such	1 committee
1 \	AMERICAN ASSOCIATION OF ORTHO	DONTISTS POLITICAL A	CTI	ON COMM	ITTEE	
	Full Name (Last, First, Middle Initial) Pete Sessions for Congress				Transaction ID: 5626 Date of Disbursement	6770
Ī	Mailing Address PO Box 140970				12 / 21 /	[°] 2009
	City Dallas	State Zip Code TX 75214			Amount of Each Disburs	
_	Purpose of Disbursement Candidate Name			011		5000.00
<u> </u>	Pete Sessions			ategory/ Type		
	Senate President	rsement For: 2010 X Primary General Other (specify)				
	State: TX District: 32					
	Full Name (Last, First, Middle Initial) Portman For Senate Committee				Transaction ID: 5626 Date of Disbursement	
Ī	Mailing Address 8331 Little Harbor Driv			12 / 21 /	2009	
	City Cincinnati	State Zip Code OH 45244			Amount of Each Disburs	sement this Period
Ī	Purpose of Disbursement		011		5000.00	
	Candidate Name Mr. Rob Portman		C	ategory/ Type		
	χ Senate President	rsement For: 2010 X Primary General Other (specify) ▼				
	State: OH District: Full Name (Last, First, Middle Initial)				Transaction ID: 5626	3772
	Friends of Doc Hastings				Date of Disbursement	
ı	Mailing Address PO Box 2926				12 / 21 /	[°] 2009
	City Pasco	State Zip Code WA 99302			Amount of Each Disburs	sement this Period
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LOU	JBTOTAL of Disbursements This Page (optional	al)		>		5000.00

SCHEDULE B (FEC Form 3X)	FOR LINE NUMBER. DAGE OF 1 / OF 1						
· ·	Use separate schedule(s)	FOR LINE NUMBER: (check only one)	PAGE 251 / 251				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		23 24 25 26 28b 28c 29 30b				
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam		, , , , , , , , , , , , , , , , , , , ,					
NAME OF COMMITTEE (In Full) AMERICAN ASSOCIATION OF ORTHOD	ONTISTS POLITICAL ACTI	ON COMMITTEE					
Full Name (Last, First, Middle Initial) Friends of Doc Hastings Mailing Address PO Box 2926			on ID: 5626773 sbursement				
City Pasco Purpose of Disbursement	State Zip Code WA 99302	Amount of	Each Disbursement this Period 5000.00				
Candidate Name Doc Hastings	C	Category/ Type					
Office Sought: X House Disburs Senate President State: WA District: 04	ement For: 2010 Primary General Other (specify)						

SUBTOTAL of Disbursements This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	—	50500.00